



ORDERED in the Southern District of Florida on June 25, 2019.

A handwritten signature in black ink, appearing to read "John K. Olson".

John K. Olson, Judge
United States Bankruptcy Court

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA
FORT LAUDERDALE DIVISION**

In re:

Case No.: **18-15928-JKO**

Aldo A. Pina,

Chapter **7**

Debtor.

**ORDER SUSPENDING ATTORNEY MAITE DIAZ, DIRECTING THE CLERK TO
FILE NOTICE IN EVERY CASE WHERE MAITE DIAZ HAS APPEARED, AND
RECOMMENDATION OF DISBARMENT AND OTHER INVESTIGATIONS**

THIS CASE came before the Court for a hearing on June 12, 2019, upon this Court's Order to Show Cause Why Attorney Maite Diaz Should Not Be Sanctioned, Directing Compliance With Prior Order, and Setting Hearing for June 12, 2019 [ECF 58]. Present at the hearing were Attorney Maite Diaz, her counsel Ramon de la Cabada, the Debtor's Chapter 7 Trustee, Leslie S. Osborne, and Steven Schneiderman, counsel for the United States Trustee. Pursuant to prior order, on May 31, 2019, Attorney Maite Diaz produced a bankers box of files to the Court, and the Court has exhaustively reviewed those submitted files. Unfortunately, the Court has opened

Pandora's Jar,¹ has thereby become aware of a multitude of extremely serious violations, and is accordingly forced to take extremely serious measures in response.

The discovery of the issues at hand began when the Chapter 7 Trustee filed an adversary proceeding on August 20, 2018, against the Debtor Aldo Pina seeking to revoke his Chapter 7 discharge pursuant to 11 U.S.C. § 727(a)(2), (3), and (4).² In the complaint [ECF 1 in that adversary proceeding], the Chapter 7 Trustee asserts, among other things, that:

9. The Debtor's tax return indicates that he received a tax refund for the 2017 tax year in the amount of \$9,182.00.

10. Pursuant to the Trustee's investigation of the Debtor's assets, it appears that the Debtor received these funds on February 22, 2018, in his bank account, and immediately withdrew \$9,000 in cash.

11. There is no information on the Debtor's bankruptcy schedules indicating what happened to that cash nor was any proof provided.

15. An investigation of the Debtor's assets shows that the Debtor purchased a four-bedroom home within 3 years of the bankruptcy filing. The Debtor's schedules indicate the exact amount of \$1,000 for household goods and furnishings, with no description given whatsoever.

16. The Debtor's schedules also appear to indicate equity in vehicles in excess of \$12,000.

17. The Debtor's schedules indicate virtually no detail making it impossible for the Trustee to determine if the assets listed are accurately disclosed.

18. The Statement of Financial Affairs ("SOFA"), question 9, indicates the Debtor was a plaintiff in a lawsuit within a year of the bankruptcy; however, any claims were not listed on schedule A/B.

19. The Debtor also lists almost \$200,000 worth of unsecured debt and virtually no assets to show for it.

¹ The common parlance of "Pandora's Box" appears to relate back to a mistranslation (whether purposeful or not) made by 16th century Dutch humanist Erasmus. Robert E. Meagher, *The Meaning of Helen: in Search of an Ancient Icon* (2002).

² See Adversary Proceeding 18-1342-JKO, *Osborne v. Pina*. This adversary proceeding has now been dismissed by agreement [ECF 18 in that adversary proceeding].

20. All of these were items that the Trustee planned on asking the Debtor about at his 341 meeting of creditors.

21. The Debtor failed to attend the 341 meeting of creditors and the Debtor's attorney failed to attend the 341 meeting of creditors.

22. Rather than dismiss the case, the Trustee contacted counsel for the Debtor, from the 341 meeting room, asking why the Debtor and counsel were not present. The attorney simply said they did not plan on proceeding and wanted the case dismissed.

23. Based upon the substantial outstanding questions, the Trustee was unwilling to dismiss the case and no motion to dismiss has ever been filed by the debtor.

24. The actions of the Debtor in this case constitute violations of 11 U.S.C. §727(a)(2), (3) and (4).

25. The actions of the Debtor in failing to file properly filled-out schedules, provide all financial information to the Trustee or attend his 341 meeting of creditors, constitutes an attempt to hinder, delay or defraud an officer of the estate by concealing or permitting to be concealed property of the Debtor within one year before the date of the filing of the petition and/or property of the estate after the date of the filing of the petition. These actions constitute a violation of 11 U.S.C. §727(a)(2)(A) and (a)(2)(B).

26. In addition, the Debtor's actions as set forth above constitute concealing or failing to keep and preserve any recorded information, including books, documents, records, papers from which the Debtor's financial condition or business transactions might be ascertained. These actions constitute a violation of 11 U.S.C. §727(a)(3).

27. The actions of the Debtor, as further described above constitute a knowing and fraudulent withholding from an officer of the estate entitled to possession any recorded information, including books, documents, records and papers related to the Debtor's property or financial affairs. This constitutes a violation of 11 U.S.C. 727(a)(4)(d).

Two days after the filing of this complaint, on August 22, 2018, attorney Maite Diaz moved to withdraw as attorney of record in the main case [ECF 17]. That motion was eventually granted after a hearing on September 25, 2018, and an order granting Ms. Diaz's Motion to Withdraw was entered on September 26, 2018 [ECF 23]. In the meantime, the Debtor proceeded *pro se* in the

adversary proceeding. Discussions among the Debtor, the Chapter 7 Trustee, and Attorney Diaz eventually led the Chapter 7 Trustee to file his Motion for Order to Show Cause and/or for Sanctions against Attorney Maite Diaz [ECF 31] on February 5, 2019. In that motion, the Trustee represented that the Debtor “states that the schedules were not provided to him prior to filing and that he did not sign the schedules that were actually filed” [ECF 31, ¶ 22]. In addition to this incredibly alarming statement, the trustee also asserted:

[t]here are other problems with the schedules that the trustee believes should have been addressed. While not all errors can be attributed to Ms. Diaz, the following should not have occurred: 1) failing to obtain, or even ask for a continuance [of the section 341 meeting of creditors]; 2) failing to obtain all information required prior to filing a bankruptcy; 3) filing a short-form petition three months after being retained; 4) filing schedules that the debtor has never seen; and 5) failing to make changes to the schedules that Ms. Diaz’ own notes say need to be made. Had this case been handled properly, it appears unlikely that a §727 action would have been filed against this debtor [ECF 31, ¶ 29-30].³

The Court directed a response from Attorney Diaz by Order [ECF 32], and Attorney Diaz, through counsel, filed a Response [ECF 38] on February 20, 2019. The Response largely asserted attorney-client confidentiality issues.

The Court conducted an evidentiary hearing on the Order to Show Cause [ECF 32] on April 3, 2019. At that hearing, the Debtor (then represented on a *pro bono* basis by Attorney Elias Dsouza)⁴ waived all attorney-client privileges, and both the Debtor and Attorney Diaz testified at the hearing. As a result of evidence introduced at that hearing, the Court found that the Debtor had not, in fact, signed the Schedules and Statement of Financial Affairs [ECF 12] filed by

³ And if this §727 action had never been filed, Pandora’s Jar may well have remained shut. The Court suspects that Attorney Diaz has likely avoided prior detection of her actions by a Chapter 7 Trustee, the Court, or other entities, by letting her cases be dismissed through lack of prosecution. The Court thanks Chapter 7 Trustee Les Osborne for his continued diligence and efforts in this case. The Court also expresses its gratitude toward the Debtor, Aldo Pina, for coming forward in this situation.

⁴ The Court again expresses its gratitude to Mr. Dsouza.

Attorney Diaz on May 30, 2018. Rather, the Debtor had signed *draft* schedules and related documents during a meeting with Attorney Diaz some three months earlier. The Debtor had neither seen nor approved the Schedules and Statement prior to their filing, let alone signed them. The Court was given the distinct impression from Attorney Diaz's testimony that this was not a one-off occurrence, and that in fact it was Attorney Diaz's standard operating procedure to have clients sign preliminary draft schedules, etc., but that such documents were later "amended" by Attorney Diaz and never seen by her clients before they were filed with the Court electronically via the Case Management/Electronic Case Files system ("CM/ECF").⁵

Accordingly, and to get an understanding of the facts regarding Attorney Diaz's practices, the Court entered its Order [ECF 51] Directing Attorney Maite Diaz to Produce Certain Documents Pursuant to Local Rule 5005-4(C) on April 10, 2019. That Order provided, in relevant part:

1) Attorney Maite Diaz is **DIRECTED** to produce to the Bankruptcy Clerk's Office addressed to Judge Olson copies of Original Signed Documents pursuant to Local Rule 5005-4(C)⁶ as follows:

- a. Attorney Diaz shall produce copies of full petitions and all schedules and statements of financial affairs, if filed separately from the petition, signed by Debtors in each of the cases in which Attorney Diaz filed the petition since January 1, 2017, together with the ECF docket entry numbers of each document.
- b. Attorney Diaz shall produce the first page of any other document required by Local Rule 5005-4(C) and the signature page, if that page is separate, in each of the cases in which Attorney Diaz filed the petition since January 1, 2017.

⁵ The Court uses "amended" as a euphemism, when it could have used "made wholesale changes" or "drastically altered."

⁶ **Retention of Original Signed Documents by Registered Users.** Documents that are electronically filed and require original signatures other than that of the registered user [of the Court's CM/ECF system] must be maintained in paper form for at least five years from the date of discharge of the debtor, dismissal of the case, or final resolution of all appeals pending in the case, whichever is later. This retention neither affects nor replaces any other retention period required by other laws or rules of procedure. The court may require the production of original documents for review by the court, a trustee, the U.S. Trustee, or any interested party.

- c. Attorney Diaz shall produce information in subsections (a) and (b) in one manila folder per case, with the folder labeled with the appropriate case number, and that production shall be delivered to the Bankruptcy Clerk's Office on or before **May 3, 2019**. Attorney Diaz may proceed with a "rolling production" and produce documents as she prepares them, but no document will be accepted after May 3, 2019.

To the Court's shock and dismay, Attorney Diaz complied with *none* of the instructions given to her in the Order. Not a single document was produced. No request for an extension of time was made. Instead, Attorney Diaz through her counsel Ramon de la Cabada filed Attorney Maite Diaz's Response [ECF 57] to Court's Order to Produce [ECF 51] on May 2, 2019. It recites, in relevant parts, as follows [sic throughout]:

Attorney Diaz analyzed her business practices in order to properly respond to the Court's inquiry during the April 3, 2019 regarding her compliance with Local Rule 5005-4(C), and determine whether an admission would be possible in order to save the Court from performing a time consuming review of over 100 filings. ... [S]he acknowledges an error in her procedure because **in many instances, the original signatures of the clients are on documents that are *not* the ones being filed and the schedules and statements in the filings have slight variations from those contained in the signed documents.** [Emphasis added.]

While each file contains documents signed by the client, due to an error in office procedure, which will be explained, and ignorance to a requirement, the schedules and statements in the filings, **in most instances, will *not* be exact with the documents signed by the client.** [Emphasis added.]

It is the customary practice of Attorney Diaz to meet with the client and have them sign forms containing the schedules and statements. If new information is found at that signing, it has been the practice of Attorney Diaz to not require the client to come back to the office to re-sign the filing unless there are significant changes to the information listed which would materially alter the filing.

As a result of this motion and the inquiry of the Court, Attorney Diaz has implemented changes to office procedures in order to comply and allay any concerns.

Previous business practice - Step by step review of petition with client which most of the time occurred prior to pre-filing credit counseling. After review was completed, the client would sign that version of the petition, and would receive instructions as to any other documentation which would be needed and then await for them to take the required course. Once the case was filed, the client was asked to update any missing bank statements and pay stubs through the date of filing. If necessary, amendments were made so that figures would conform.

New business practice - Clients are sent to the course information earlier so that they may take the course earlier in the process and in advance of our meeting. If the class has not yet been attended, the signing appointment is moved. If anything is missing at the signing appointment, the client is either requested to return with the information or a final draft of the petition is sent to the client so that the client ***may execute electronically*** prior to the filing and that is reviewed with the client over the telephone to ensure the numbers on the filing date are matching exactly with what is being filed. [Emphasis added.]⁷

Now that Attorney Diaz is aware that even small changes to a petition could be material, she has made significant changes to her practice in order to avoid this problem in the future. If the numbers change, however slight, clients will execute and sign new documents in order to have an exact match between the signed document by the client and the filed petition.

If the Court deems necessary, Attorney Diaz would be willing to have clients return to her office to re-execute final copies of cases from the past so that they conform exactly to what was filed.

In other words, in response to an order of court directing the production of certain materials, Attorney Diaz herself indicated that there were many instances where the Court's fears of unsworn and unverified schedules, petitions, etc., being filed would be confirmed (but the errors were "slight") **however** she would not produce those documents as directed. The Court finds that this refusal to produce documents as directed, shrouded under the purported auspices of saving the

⁷ The Court finds that for the purposes of this order, and considering the effect of this order, a discussion regarding the suitability of the proposed "New Business Practice" is not necessary here, other than to note that this also likely runs afoul of Local Rule 5005-4(C), which requires *original signatures* on retained documents.

Court from the “time consuming review of over 100 filings,” was in fact a last-ditch effort to keep the lid on Pandora’s Jar, a farcical attempt to avoid accountability, and is indicative of bad faith on the part of Ms. Diaz.⁸ Furthermore, as indicated throughout, the characterization of the differences between Debtor signed documents and actually filed documents as being “slight” and “not material” is alarmingly and categorically false.

Upon consideration of Attorney Diaz’s failure to produce as directed, and her non-compliant response in lieu of production [ECF 57], the Court entered another Order to Show Cause [ECF 58], directing the following:

1. Attorney Diaz shall produce all of the documents required to be produced by this Court’s Order [ECF 51], and to produce them in the manner directed by that Order. All documents are to be produced on or before **May 31, 2019**.
2. Attorney Diaz shall show cause in writing, on or before **May 31, 2019**, why she should not be held in contempt for failure to comply with the requirements to turn over documents as set forth in the Order [ECF 51].
3. Attorney Diaz shall show cause in writing, on or before **May 31, 2019**, why her proposed “New business practice” does not violate the terms of Local Rule 5005-4(C).
4. Pursuant to the provisions of Federal Rule of Bankruptcy Procedure 9011(c)(1)(B), Attorney Diaz shall show cause in writing, on or before **May 31, 2019**, why her filing of the Debtor’s Schedules and Statement of Affairs [ECF 12], which had never been seen by the Debtor and were not verified or affirmed by him, does not

⁸ The Court interprets a variety of actions taken by Attorney Diaz related to the production of documents to be tantamount to bad faith, and believes that she attempted to “cover up” her misdeeds.

- constitute a representation to the Court which violates Bankruptcy Rule 9011(b)(3).
5. Pursuant to the provisions of Federal Rule of Bankruptcy Procedure 9011(c)(1)(B), Attorney Diaz shall show cause in writing, on or before **May 31, 2019**, why her filing in “over 100 filings” of schedules and statements of affairs which had never been seen by the debtor and were not verified or affirmed by him or her, does not constitute a representation to the Court which violates Bankruptcy Rule 9011(b)(3).
 6. Attorney Diaz shall show cause in writing, on or before **May 31, 2019**, why she should not be required (a) to file notice in each of “over 100 filings” that the schedules and statements of affairs filed in those cases were neither seen nor executed by the debtors in those cases, and (b) to file schedules and statements of affairs in each of those cases which have been executed by the debtors.
 7. Pursuant to the provisions of Local Rule 2090-2(B)(1), Attorney Diaz shall show cause in writing, on or before **May 31, 2019**, why she should not be suspended from practice before the court, reprimanded or otherwise disciplined.
 8. The Court will conduct an evidentiary hearing on this Show Cause Order on **June 12, 2019 at 1:30 p.m.** at the United States Bankruptcy Court, 299 East Broward Blvd., Courtroom 301, Fort Lauderdale, FL 33301. Attorney Diaz is directed to appear at that hearing.

The Production of Documents

On May 31, 2019, a banker’s box of documents was delivered to the Clerk’s office, and then taken into chambers.⁹ The Court thoroughly reviewed those documents, and what was revealed was

⁹ In order to protect the integrity of any further investigations made by any investigative entity, this box shall remain in chambers indefinitely and may be made available for review. Should any investigative entity wish to

absolutely appalling. As a preliminary matter, on April 10, 2019, Attorney Diaz was directed to produce documents from “each of the cases in which Attorney Diaz filed the petition since January 1, 2017” in one manila folder per case. This directive encompasses 123 cases. However, only 121 manila folders were produced. Upon further examination, this was not the result of Attorney Diaz accidentally failing to produce two files; rather, Attorney Diaz produced 15 cases that were filed *after* the April 10, 2019, order. These cases were not requested by the Court, and the Court considers their production to be irrelevant and burdensome to the review. This leaves the Court with a situation where **17** cases requested were completely omitted from the document production.

The Omitted Production

Attorney Diaz failed to produce **17** cases. Of course, the Court cannot tell if the schedules and other documents in the case have been sworn to and verified by the Debtor. The Court has reason to believe that, consistent with standard procedure for Attorney Diaz, they were not. These cases are as follows:

1. 17-13253-JKO *In re Edilma C. Florez*
2. 17-21294-RBR *In re Althea McGibbon*
3. 18-15971-JKO *In re Marivi Jacinto*
4. 18-23042-LMI *In re Donna M. Henry*
5. 19-11618-RBR *In re Tulani Diaz*
6. 17-20630-JKO *In re Marie Pierre*
7. 17-21291-JKO *In re Romulo Tejero*
8. 17-21678-AJC *In re Carlos Hernandez and Lisa Hernandez*
9. 17-22701-JKO *In re Yoan Ramon Pupo*
10. 18-10253-MAM *In re Devon L. Foster*
11. 18-12964-JKO *In re Susan Deknegt*
12. 18-13135-RBR *In re Stella Rodriguez*
13. 18-13689-EPK *In re Margarita Portela Wiegandt*
14. 18-20509-JKO *In re Shineeja Thachanatt*
15. 17-17619-JKO *In re Kevin Douglas Ambush and Carolyn Yvonne Ambush*
16. 17-10278-JKO *In re Carmen Luna*
17. 18-10654-JKO *In re Julio Pineda*

review these materials, they are invited to contact chambers and request time to review or make copies of the materials, but these documents **will not** leave chambers, except upon further order of this Court.

With these cases, the original signed documents may exist, and the failure to produce them may be intentional or inadvertent.¹⁰ Or, on the other hand, the original signed documents may not exist, which would either indicate a lack of adequate record keeping by Attorney Diaz or a deliberate withholding or destruction of evidence. The Court does not know why Attorney Diaz failed to produce these cases. The Court was deprived of performing any analysis for the purposes of this Order regarding these cases by Attorney Diaz. Upon consideration, the Court supposes that Attorney Diaz may have purposefully omitted these files because they reflect especially poorly upon her, above and beyond the horrors produced in the banker's box.

One case, 17-10278-JKO *In re Carmen Luna*, stands out in particular to the Court, as it was in connection with that case that Attorney Diaz was before this Court on a peculiar and memorable Order to Show Cause. On May 10, 2017, the Court entered an Order to Show Cause as to why Attorney Diaz should not be sanctioned, reprimanded, or otherwise disciplined because of an expressed concern for her general method of practice, and specifically because she delayed several weeks before uploading proposed orders to CM/ECF after motions were granted at a hearing.¹¹ The Court noted at an initial hearing that it is "so frustrating when I have a lawyer who I think is competent to do this work that does not demonstrate this on a regular basis." This situation was preceded by *many* instances of Attorney Diaz failing to upload an order within the required time following a hearing at which her motion was granted.

The Court entered an Order [ECF 31 in that case], which stated in pertinent part:

Attorney Diaz is hereby **DIRECTED** to file a Comprehensive Status Report on or before May 3, 2017, which will include the following: a list of every open case and case closed within the last year in this District where Attorney Diaz is listed as the attorney of

¹⁰ It would appear unlikely that 17 case files out of 123 requested, or approximately 14% of the total required production, could have been *inadvertently* excluded.

¹¹ Local Rule 5005-1(G)(1)(c) requires proposed orders to be submitted within seven days after a hearing.

record. With each case, Attorney Diaz will provide the Court with her last action in the case, and whether or not a proposed order is pending from her office. If a proposed order is found to be pending, then Attorney Diaz is **DIRECTED** to immediately upload the proposed order via CM/ECF, indicate the date that the matter came on for hearing, and indicate the date that the proposed order was uploaded... If the Comprehensive Status Report provides information that suggests Attorney Diaz is unable to competently practice before this Court, then Attorney Diaz will be suspended for a period of time to be determine at the continued show cause hearing.

The Court took that action in an effort to assist Attorney Diaz with getting her practice under control, which was obviously and admittedly unwieldy for her at the time. Ms. Diaz's response to the Court's order was reflective upon the fact that she is a sole practitioner with no assistance in her office. Specifically, she expressed "I don't like to make excuses for myself because my practice is my own." At the hearing following the submission of the Comprehensive Status Report, she apologized and expressed gratitude to the Court, noting that it was a useful exercise and she would make it a point to clean up her practice and "slow down."

In the end, and although the Comprehensive Status Report revealed **19** pending orders that Attorney Diaz had failed to submit, the Court discharged the Order to Show Cause and did not suspend Attorney Diaz. In retrospect, if the Court had suspended her at that point, perhaps she would have taken an overall review of her practice after taking a short suspension, changed her ways of practice, and the situation now before the Court could have been avoided.

The Actual Production

Attorney Diaz produced 121 manila folders, but only 106 were actually responsive to this Court's directive. Nevertheless, the court analyzed the 121 cases produced by Ms. Diaz after determining what she had actually produced. The cases that were produced suffered from a wide variety of deficiencies, as outlined below. In many instances, complete schedules were not produced.¹² Exemptions were not claimed. Dollar amounts were often listed as \$0. Unsecured

¹² Accordingly, the Court can make no comparison between what the debtor saw and signed with Attorney Diaz, and

creditors were often non-existent. Secured claims were often not included. It appears as if, in some instances, the debtor signed basically blank schedules but for a few entries. The spreadsheet below examines whether or not the production of a certain file was complete or not, and the days between the debtor's original signature and the purported signature on the electronically filed documents on CM/ECF.

Case	Complete	Days
18-22794-RAM	No	28
17-14768-JKO	No	26
17-20285-AJC	Yes	34
18-24211-RBR	No	25
17-12567-MAM	No	208
17-13272-LMI	Yes	26
18-21064-RBR	No	145
17-15184-RMR	Yes	12
19-14850-RBR	No	0
18-18307-JKO	No	33
19-10360-RBR	No	166
19-16268-JKO	No	0
19-16272-JKO	No	17
19-15917-RBR	No	16
19-15916-RBR	Yes	3
19-15915-RAM	Yes	12
19-15914-RAM	No	0
19-14953-RBR	Yes	1
18-11281-RBR	No	88
19-14951-RBR	Yes	8
19-14894-RBR	Yes	5
19-14893-RBR	Yes	4
19-14892-JKO	No	4
19-14888-JKO	Yes	4
19-14887-RBR	Yes	5
19-14659-JKO	Yes	0
19-14461-JKO	Yes	3
19-13635-AJC	No	103
19-12206-JKO	No	6

what was actually filed with the Court. This is a lack of production on the part of Attorney Diaz, and as discussed *supra*, represents a significant problem. Attorney Diaz has deprived this Court of the ability to review the missing files, either because she doesn't have the records as required by Local Rule, or she has the records and failed to produce them as required.

19-12159-JKO	Yes	0
19-11837-LMI	No	0
19-11602-RBR	No	136
19-11600-JKO	No	0
19-11555-JKO	No	3
19-11546-JKO	Yes	5
19-10927-RBR	No	10
19-10245-RBR	Yes	5
19-10359-JKO	No	14
18-24694-RBR	No	12
18-24087-RBR	No	10
18-24274-JKO	No	15
18-24705-RBR	Yes	0
18-23075-RBR	No	182
18-22849-AJC	No	80
18-22847-LMI	No	141
18-22846-LMI	No	37
18-22844-RBR	Yes	0
18-21066-JKO	No	0
18-21063-RBR	No	154
18-20508-JKO	No	153
18-20113-JKO	Yes	34
18-20112-RBR	No	132
18-19787-RBR	Not produced	Never filed
18-18315-JKO	No	90
18-17017-JKO	No	201
19-12846-RBR	No	18
18-19677-JKO	No	116
18-19436-JKO	No	122
18-18313-JKO	Yes	22
18-18311-RBR	Yes	304
18-18049-AJC	Yes	0
18-17768-JKO	No	2
18-17019-JKO	No	119
18-16871-RBR	No	225
18-15928-JKO	No	18
18-14674-EPK	No	227
18-13848-RBR	No	0
18-13780-RBR	No	27
18-13266-JKO	Yes	0
18-12973-JKO	No	113
18-12966-RBR	No	288
18-12763-RBR	No	0
18-12139-JKO	Yes	47

18-12971-RBR	No	164
18-11723-JKO	No	82
18-11681-LMI	No	14
18-11868-RBR	No	164
18-11822-RBR	No	47
18-10654-JKO	Yes	44
17-19317-RAM	No	18
18-10286-RBR	No	59
17-24840-JKO	Not produced	Never filed
17-24585-RAM	No	103
17-24463-RBR	No	21
17-24095-RBR	No	31
17-22215-JKO	No	43
17-22003-RBR	No	9
17-21448-RBR	No	85
17-21447-JKO	Yes	30
19-10921-RBR	No	27
17-21420-RBR	No	0
17-21446-JKO	No	516
17-21445-JKO	No	59
17-21444-JKO	No	51
17-21394-RAM	No	3
17-20286-RAM	No	22
17-20284-LMI	No	15
17-19985-RBR	Yes	42
17-19885-JKO	Yes	0
17-19097-RBR	No	0
17-18633-JKO	Yes	22
17-18406-JKO	Yes	0
17-17816-RBR	No	0
17-17797-JKO	Yes	24
17-17796-RBR	No	21
17-17484-RBR	No	107
17-17106-RBR	Yes	83
17-16956-RBR	No	32
17-16874-RBR	No	20
17-16507-RBR	No	97
17-14558-JKO	No	0
17-12148-JKO	No	69
17-11923-AJC	No	16
17-11835-RBR	No	14
17-11353-RBR	No	6
17-10574-LMI	Yes	8
17-10515-JKO	Yes	40

17-10410-RBR	No	31
17-10203-RBR	No	20
17-10200-RBR	No	52
17-10204-JKO	Yes	0

In 84 cases, or almost 70% of her produced files, Attorney Diaz failed to produce complete records as directed by this Court. Attorney Diaz filed these cases an average of over 53 days after the debtor signed the original documents in her office. In one case, the debtor signed the original documents 516 days before the documents were actually filed on CM/ECF.

Detailed Inspection

The Court also randomly selected 10 cases for in depth analysis. The “Debtor Signed” column represents documents produced to the Court by Attorney Diaz, and the CM/ECF column represents what was actually filed on CM/ECF. If what was produced by Attorney Diaz matched what was on CM/ECF, as it is required to do, the Court did not include it. If a schedule or document was entirely missing, that document as filed on CM/ECF is produced as an exhibit to this order. The differences between what the debtor actually signed and what was filed on CM/ECF in these cases is shocking.

Detailed Case Analysis 1: *In re Rene Pazmino*

18-22794-RAM

Date Petition Filed: 10/15/2018

- Debtor-signed schedules omit over \$1,000,000 in debt that appear on CM/ECF.

	Debtor Signed	CM/ECF
Schedule A/B:	What is the property: not listed Property	What is the property: single family home
Part One Section 1.1	value: \$290,385	Property value: \$365,000
Part One Section 2	Total: \$724,128	Total: \$798,743
Part Two Section 3	Ford Pickup: \$2,475	Ford Pickup: \$1,000
Part Three Section 6	Household goods and furnishings: \$0	Household goods and furnishings: \$1,000
Part Three Section 7	Household electronics: \$0	Household electronics: \$100
Part Three Section 15	Total: \$50	Total: \$1,150
Part Four Section 16	Cash: \$0	Cash: \$20
Part Four Section 36	Total: \$0	Total: \$20
Part Eight Section 55	Total real estate: \$724,128	Total real estate: \$798,743
Part Eight Section 56	Total vehicles: \$2,475	Total vehicles: \$1,000

Part Eight Section 57	Total personal and household items: \$50	Total personal and household items: \$1,150
Part Eight Section 58	Total financial assets: \$0	Total financial assets: \$20
Part Eight Section 62	Total personal property: \$2,525	Total personal property: \$2,170
Part Eight Section 63	Total of all property listed in Schedule A/B: \$726,653	Total of all property listed in Schedule A/B: \$800,913
Schedule C: Part One Section 2	NO EXEMPTIONS LISTED	See Exhibit 1.1
Schedule D:	NOT PRODUCED	See Exhibit 1.2
Schedule E/F:	NOT PRODUCED	See Exhibit 1.3
Schedule I: Part Two Section 8a	Net income from rental property and from operating a business, profession, or farm: \$6,570	Net income from rental property and from operating a business, profession, or farm: \$6,770
Part Two Sections 9, 10, & 12	Total monthly income: \$6,570	Total monthly income: \$6,770
Schedule J:	Monthly income: \$6,570	Monthly income: \$6,770
Declaration:	Signed on October 29, 2018	Signed on November 26, 2018
Statement of Financial Affairs: Part Seven Section 17	Paid another about seeking bankruptcy or preparing bankruptcy petition: \$0 within year	Paid another about seeking bankruptcy or preparing bankruptcy petition: \$2,190 within year
Part Twelve	Signed on October 29, 2018	Signed on November 26, 2018

Detailed Case Analysis 2: *In re Adriana Galvez*

17-14768-JKO

Date Petition Filed: 4/17/2017

- Debtor-signed schedules omit approximately \$160,000 of income from employment or operating a business within the previous two years which appears on CM/ECF.

	Debtor Signed	CM/ECF
Schedule A/B:	NOT PRODUCED	See Exhibit 2.1
Schedule C:	NOT PRODUCED	See Exhibit 2.2
Schedule D:	Creditors with secured claims: four listed Total: \$501,547	Creditors with secured claims: one listed Total: \$501,547
Schedule I:	NOT PRODUCED	See Exhibit 2.3
Schedule J:	NOT PRODUCED	See Exhibit 2.4
Declaration:	Signed on April 20, 2017	Signed on May 16, 2017
Statement of Financial Affairs: Part Two Section 4	Income from employment or from operating a business during this year or 2 previous years: No	Income from employment or from operating a business during this year or 2 previous years: Yes This calendar year: \$14,121.04 Last calendar year: \$65,438.46 Two calendar years ago: \$82,089
Part Seven Section 16	Paid another about seeking bankruptcy or preparing bankruptcy petition: \$0 within year	Paid another about seeking bankruptcy or preparing bankruptcy petition: \$140 within year
Part Twelve	Signed on April 20, 2017	Signed on May 16, 2017

Detailed Case Analysis 3: *In re Raul Hernan Ochoa***17-20285-AJC****Date Petition Filed: 8/14/2017**

- Debtor-signed schedules shows a positive net monthly income of \$1,756, CM/ECF shows a monthly net income of negative \$325.

	Debtor Signed	CM/ECF
Schedule A/B: Part Three Section 8	Collectibles of value: "unknown"	Collectibles of value: \$200
Part Three Section 11	Clothes: "unknown"	Clothes: \$20
Part Three Section 14	Costume Jewelry: "unknown"	Costume Jewelry: \$20
Part Three Section 15	Total: \$0	Total: \$240
Part Eight Section 57	Total personal and household items: \$0	Total personal and household items: \$240
Part Eight Section 62	Total personal property: \$3,422.95	Total personal property: \$3,662.95
Part Eight Section 63	Total of all property listed in Schedule A/B: \$114,422.95	Total of all property listed in Schedule A/B: \$114,662.95
Schedule C: Part One Section 2	MISSING EXEMPTIONS	See Exhibit 3.1
Schedule I: Part Two Section 8f	Other government assistance regularly received: \$842 and \$300	Other government assistance regularly received: \$0
Part Two Sections 9, 10, & 12	Total monthly income: \$3,852	Total monthly income: \$1,246
Schedule J: Part One Section 2	Dependent's age: 15	Dependent's age: 12
Part Two Section 4c	Home maintenance, repair, and upkeep expenses: \$194	Home maintenance, repair, and upkeep expenses: \$0
Part Two Section 4d	Condominium/Homeowner's Association dues: \$0	Condominium/Homeowner's Association dues: \$149
Part Two Section 6a	Electricity, heat, natural gas: \$300	Electricity, heat, natural gas: \$100
Part Two Section 7	Food and housekeeping supplies: \$600	Food and housekeeping supplies: \$400
Part Two Section 12	Transportation: \$160	Transportation: \$80
Part Two Section 22	Monthly expenses: \$2,096	Monthly expenses: \$1,571
Part Two Section 23	Monthly net income: \$1,756	Monthly net income: \$-325
Declaration:	Signed on July 11, 2017	Signed on August 14, 2017
Statement of Financial Affairs: Part Two Section 5	Received income this year or two previous calendar years: No	Received income this year or two previous calendar years: Yes Last calendar year: \$7,017 Two calendar years ago: \$17,220
Part Twelve	Signed on July 11, 2017	Signed on August 14, 2017

Detailed Case Analysis 4: *In re Guillermo Valdes***18-24211-RBR****Date Petition Filed: 11/15/2018**

- Did not produce Schedule D, which lists \$95,000 of debt to secured creditor on CM/ECF.

	Debtor Signed	CM/ECF
Schedule A/B: Part Four Section 17	Deposits: Yes Wells Fargo: \$0	Deposits: Yes Wells Fargo: \$20.70
Part Four Section 36	Total: \$20	Total: \$40.70
Part Eight Section 62	Total personal property: \$2,790	Total personal property: \$2,810.70
Part Eight Section 63	Total of all property listed in Schedule A/B: \$164,838	Total of all property listed in Schedule A/B: \$164,858.70

Schedule C: Part One Section 2	MISSING EXEMPTIONS	See Exhibit 4.1
Schedule D:	NOT PRODUCED	See Exhibit 4.2
Schedule E/F:	NOT PRODUCED	See Exhibit 4.3
Declaration:	Signed on October 22, 2018	Signed on November 15, 2018
Statement of Financial Affairs: Part Twelve	Signed on October 22, 2018	Signed on November 15, 2018

Detailed Case Analysis 5: *In re Lillian Rosario Stewart***17-12567-MAM****Date Petition Filed: 3/2/2017**

- Debtor-signed schedules omits homestead valued at \$283,000.

	Debtor Signed	CM/ECF
Schedule A/B: Part One Section 1	Own or have legal or equitable interest in any residence, building, land, etc.: No	Own or have legal or equitable interest in any residence, building, land, etc.: Yes Type of real estate: condominium Property value: \$283,000
Part One Section 2	Total: NA	Total: \$283,000
Part Three Section 6	Household goods and furnishings: No	Household goods and furnishings: \$800
Part Three Section 11	Clothes: No	Clothes: \$50
Part Three Section 12	Jewelry: No	Jewelry: \$50
Part Three Section 15	Total: \$0	Total: \$900
Part Four Section 16	Cash: \$0	Cash: \$50
Part Four Section 17	Deposits: No	Deposits: Yes Checking account: \$713.09 Business bank account: \$1,912.57
Part Four Section 36	Total: \$0	Total: \$2,675.66
Part Eight Section 55	Total real estate: \$0	Total real estate: \$283,000
Part Eight Section 57	Total personal and household items: \$0	Total personal and household items: \$900
Part Eight Section 58	Total financial assets: \$0	Total financial assets: \$2,675.66
Part Eight Section 62	Total personal property: \$0	Total personal property: \$3,575.66
Part Eight Section 63	Total of all property listed in Schedule A/B: \$0	Total of all property listed in Schedule A/B: \$286,575.66
Schedule C: Part One Section 2	NO EXEMPTIONS LISTED	See Exhibit 5.1
Schedule D:	NOT PRODUCED	See Exhibit 5.2
Schedule E/F:	NOT PRODUCED	See Exhibit 5.3
Schedule I: Part One	Employment status: employed Employment information: missing	Employment status: employed Employment information: listed
Part Two Section 8a	Net income from rental property and from operating a business, profession, or farm: \$0	Net income from rental property and from operating a business, profession, or farm: \$11,620.29
Part Two Section 9, 10, 12	Total monthly income: \$0	Total monthly income: \$11,620.29
Schedule J: Part Two Section 6	Electricity, heat, natural gas: \$0 Water, sewer, garbage: \$0 Telephone, cellphone, internet, etc.: \$0	Electricity, heat, natural gas: \$200 Water, sewer, garbage: \$50 Telephone, cellphone, internet, etc.: \$50
Part Two Section 7	Food and housekeeping supplies: \$0	Food and housekeeping supplies: \$300
Part Two Section 9	Clothing, laundry, and dry cleaning: \$0	Clothing, laundry, and dry cleaning: \$50
Part Two Section 11	Medical and dental expenses: \$0	Medical and dental expenses: \$50
Part Two Section 13	Entertainment, clubs, recreation, etc.: \$0	Entertainment, clubs, recreation, etc.: \$200

Part Two Section 21	Other: \$0	Other: \$120
Part Two Section 22	Monthly expenses: \$0	Monthly expenses: \$1,020
Part Two Section 23	Monthly income: \$0	Monthly income: \$10,600.29
Declaration:	Signed on August 10, 2016	Signed on March 6, 2017
Statement of Financial Affairs: Part Two Section 4	Income from employment or from operating a business during this year or two previous years: No	Income from employment or from operating a business during this year or two previous years: Yes (but no \$ amounts listed).
Part Seven Section 16	Paid another about seeking bankruptcy or preparing bankruptcy petition: \$0	Paid another about seeking bankruptcy or preparing bankruptcy petition: \$690
Part Twelve	Signed on August 10, 2016	Signed on March 6, 2017

Detailed Case Analysis 6: *In re Donna Henry*

17-13272-LMI

Date Petition Filed 3/18/2017

- Debtor-signed schedules omits value of homestead (\$198,000), value of vehicles (\$11,550), and omits over \$100,000 of income from employment or operating a business within the last two years.

	Debtor Signed	CM/ECF
Schedule A/B:	Property value: \$0	Property value: \$198,000
Part One Section 1.1		
Part One Section 2	Total: \$0	Total: \$198,000
Part Two Section 3	2006 Volvo: \$0 2012 Mazda: \$0	2006 Volvo: \$2,750 2012 Mazda: \$8,800
Part Two Section 5	Total: \$0	Total: \$11,550
Part Three Section 6	Household goods and furnishings: \$0	Household goods and furnishings: \$1,000
Part Three Section 11	Clothes: \$0	Clothes: \$50
Part Three Section 15	Total: \$0	Total: \$1,050
Part Four Section 16	Cash: No	Cash: \$50
Part Four Section 17	Deposits: Yes Savings account: \$5 Checking account: \$10,000	Deposits: Yes Savings account: \$5 Checking account: \$5,866.27
Part Four Section 21	Retirement or pension accounts: 401k through employer Milliman \$130,000	Retirement or pension accounts: 401k through employer Milliman \$145,852.86
Part Four Section 36	Total: \$140,005	Total: \$151,774.13
Part Eight Section 55	Total real estate: \$0	Total real estate: \$198,000
Part Eight Section 56	Total vehicles: \$0	Total vehicles: \$11,550
Part Eight Section 57	Total personal and household items: \$0	Total personal and household items: \$1,050
Part Eight Section 58	Total financial assets: \$140,005	Total financial assets: \$151,774.13
Part Eight Section 62	Total personal property: \$140,005	Total personal property: \$164,374.13
Part Eight Section 63	Total of all property listed in Schedule A/B: \$140,005	Total of all property listed in Schedule A/B: \$362,374.13
Schedule C: Part One Section 2	MISSING EXEMPTIONS	See Exhibit 6.1
Schedule D: Part One Section 2	Secured claims: Long Beach Acceptance, Ocwen Loan, and Seterus Inc Total: \$277,161	Secured claims: Seterus Inc Total: \$277,162
Schedule E/F: Part One Section 2.1	Internal Revenue Service: total claim is \$0 and priority claim is \$0	Internal Revenue Service: total claim is \$6,000 and priority claim is \$6,000

Part Four Section 6b/e	Taxes and certain other debts owed to the government: \$0	Taxes and certain other debts owed to the government: \$6,000
Declaration:	Signed on March 8, 2017	Signed on April 3, 2017
Statement of Financial Affairs: Part Two Section 4	Income from employment or from operating a business during this year or two previous years: No	Income from employment or from operating a business during this year or two previous years: Yes This calendar year: \$20,525.29 Last calendar year: \$87,191.30
Part Twelve	Signed on March 8, 2017	Signed on April 3, 2017

Detailed Case Analysis 7: *In re Alexandra Ocampo***18-21064-RBR****Date Petition Filed: 9/10/2018**

- Debtor-signed schedules list zeros for all income and expenses.

	Debtor Signed	CM/ECF
Schedule A/B: Part Two Section 3	2011 Nissan: \$7,000 2008 Nissan: \$4,500 Total: \$11,500	2011 Nissan: \$4,000 2008 Nissan: \$2,500 Total: \$6,500
Part Four Section 17	Deposits: yes Other financial account: \$0	Deposits: yes Other financial account: \$13.63
Part Four Section 36	Total: \$50	Total: \$63.63
Part Eight Section 56	Total vehicles: \$11,500	Total vehicles: \$6,500
Part Eight Section 58	Total financial assets: \$50	Total financial assets: \$63.63
Part Eight Section 62	Total personal property: \$12,100	Total personal property: \$7,113.63
Part Eight Section 63	Total of all property listed in Schedule A/B: \$12,100	Total of all property listed in Schedule A/B: \$7,113.63
Schedule C: Part One Section 2	2011 Nissan: \$7,000 current value, \$1,000 amount of the exemption claimed 2011 Nissan: \$7,000 current value, \$4,000 amount of the exemption claimed 2011 Nissan: \$7,000 current value, \$1,000 amount of the exemption claimed	2011 Nissan: \$4,000 current value, \$0 amount of the exemption claimed 2011 Nissan: \$4,000 current value, \$4,000 amount of the exemption claimed 2011 Nissan: \$4,000 current value, \$0 amount of the exemption claimed "118417": \$2,500 current value, \$1,000 amount of the exemption claimed "118417": \$2,500 current value, \$1,000 amount of the exemption claimed
Schedule D:	NOT PRODUCED	See Exhibit 7.1
Schedule E/F:	NOT PRODUCED	See Exhibit 7.2
Schedule I: Part Two Section 4	Gross income: \$0	Gross income: \$3,092.72
Part Two Section 5	Tax, Medicare, and social security deductions: \$0 Insurance deductions: \$0 Other deductions: \$0	Tax, Medicare, and social security deductions: \$555.90 Insurance deductions: \$128.92 Other deductions: \$1.80
Part Two Section 6	Total payroll deductions: \$0	Total payroll deductions: \$686.62
Part Two Section 7	Total monthly take-home pay: \$0	Total monthly take-home pay: \$2,406.10
Part Two Sections 10&12	Total monthly income: \$0	Total monthly income: \$2,406.10
Schedule J: Part Two Section 4	Rental or home ownership expenses for residence: \$0	Rental or home ownership expenses for residence: \$1,080
Part Two Section 6	Telephone, cell phone, internet, etc.: \$0	Telephone, cell phone, internet, etc.: \$150
Part Two Section 7	Food and housekeeping supplies: \$0	Food and housekeeping supplies: \$500

Part Two Section 9	Clothing, laundry, dry cleaning: \$0	Clothing, laundry, dry cleaning: \$50
Part Two Section 10	Personal care products and services: \$0	Personal care products and services: \$50
Part Two Section 11	Medical and dental expenses: \$0	Medical and dental expenses: \$50
Part Two Section 12	Transportation: \$0	Transportation: \$150
Part Two Section 13	Entertainment, clubs, recreation, etc.: \$0	Entertainment, clubs, recreation, etc.: \$50
Part Two Section 15	Vehicle insurance: \$0	Vehicle insurance: \$100
Part Two Section 21	Other: \$0	Other: bank fees \$100
Part Two Section 22	Monthly expenses: \$0	Monthly expenses: \$2,280
Part Two Section 23	Monthly income: \$0	Monthly income: \$126.10
Declaration:	Signed on April 28, 2018	Signed on September 20, 2018
Statement of Financial Affairs: Part Twelve	Signed on April 28, 2018	Signed on September 20, 2018

Detailed Case Analysis 8: *In re Marivi Jacinto*

17-15184-RBR

Date Petition Filed: 4/26/2017

- Debtor-signed schedules omits \$124,377 of income from employment or operating a business within the last two years.

	Debtor Signed	CM/ECF
Schedule A/B: Part Four Section 17	Deposits: yes Savings account: \$5 Checking account: \$136.81 Chase account: \$1,202.80	Deposits: yes Savings account: \$55.03 Checking account: \$1,815.32 Chase account: unknown Chase account: \$1,202.80
Part Four Section 36	Total: \$18,825.07	Total: \$22,070.09
Part Eight Section 58	Total financial assets: \$18,825.07	Total financial assets: \$22,070.09
Part Eight Section 62	Total personal property: \$33,645.07	Total personal property: \$36,890.09
Part Eight Section 63	Total of all property listed in Schedule A/B: \$425,645.07	Total of all property listed in Schedule A/B: \$428,890.09
Schedule I: Part One	Debtor 2 or non-filing spouse: Employed at Monitor Tech for 7 years	Debtor 2 or non-filing spouse: Employed at H&M Builders for 1 month
Part Two Section 2/4	Monthly gross wages, salary, and commissions for Debtor 1: \$6,586.22 Monthly gross wages, salary, and commissions for Debtor 2 or non-filing spouse: \$2,741.79	Monthly gross wages, salary, and commissions for Debtor 1: \$5,064.15 Monthly gross wages, salary, and commissions for Debtor 2 or non-filing spouse: \$2,693.28
Part Two Section 5a	Tax, Medicare, and Social Security deductions: Debtor 1 \$1,768.94 and Debtor 2/non-filing spouse \$315.56	Tax, Medicare, and Social Security deductions: Debtor 1 \$864.62 and Debtor 2/non-filing spouse \$293.03
Part Two Section 5b	Mandatory contributions for retirement plans: Debtor 1 \$0	Mandatory contributions for retirement plans: Debtor 1 \$253.21
Part Two Section 5e	Insurance: Debtor 1 \$0	Insurance: Debtor 1 \$516.83
Part Two Section 5h	Other deductions: "cafe" with different descriptions and numbers	Other deductions: "disab" with different descriptions and numbers
Part Two Section 6	Total payroll deductions: Debtor 1 \$1,873.92 and Debtor 2/non-filing spouse \$1,102.11	Total payroll deductions: Debtor 1 \$1,927.35 and Debtor 2/non-filing spouse \$1,023.42

Part Two Section 7	Total monthly take-home pay: Debtor 1 \$4,712.30 and Debtor 2/non-filing spouse \$1,639.68	Total monthly take-home pay: Debtor 1 \$3,136.80 and Debtor 2/non-filing spouse \$1,669.86
Part Two Section 10	Monthly income: \$7,241.56	Monthly income: \$5,696.24
Schedule J: Part Two Section 6	Electricity, heat, natural gas: \$250 Water, sewer, garbage: \$90 Telephone, cell phone, internet, etc.: \$120 Other: \$120	Electricity, heat, natural gas: \$302 Water, sewer, garbage: \$100 Telephone, cell phone, internet, etc.: \$250 Other: \$0
Part Two Section 7	Food and housekeeping supplies: \$800	Food and housekeeping supplies: \$1,000
Part Two Section 11	Medical and dental expenses: \$50	Medical and dental expenses: \$100
Part Two Section 13	Entertainment, clubs, recreation, etc.: \$200	Entertainment, clubs, recreation, etc.: \$250
Part Two Section 15c	Car insurance: \$0	Car insurance: \$200
Part Two Section 17a	Car payments for vehicle 1: \$400	Car payments for vehicle 1: \$0
Part Two Section 19	Other payments: \$0	Other payments: Pet food \$40
Part Two Section 21	Other property expenses: \$0	Other property expenses: \$30
Part Two Section 22	Monthly expenses: \$2,780	Monthly expenses: \$3,022
Part Two Section 23	Combined monthly income: \$7,241.56 Monthly expenses: \$2,780 Monthly net income: \$4,461.56	Combined monthly income: \$5,696.24 Monthly expenses: \$3,022 Monthly net income: \$2,674.24
Declaration:	Signed on May 4, 2017	Signed on May 16, 2017
Statement of Financial Affairs: Part Two Section 4	Income from employment or from operating a business during this year or two previous years: Yes Last calendar year: \$101,968 This calendar year: \$0	Income from employment or from operating a business during this year or two previous years: Yes This calendar year: \$15,192.46 Last calendar year: \$101,968 Two calendar years ago: \$109,185
Part Seven Section 16	Paid another about seeking bankruptcy or preparing bankruptcy petition: \$0	Paid another about seeking bankruptcy or preparing bankruptcy petition: \$525
Part Twelve	Signed on May 4, 2017	Signed on May 16, 2017

Detailed Case Analysis 9: *In re Richard Carmenaty***19-14850-RBR****Date Petition Filed: 4/15/2019**

- Failed to fully produce Schedule E/F, which lists \$129,269 in unsecured claims on CM/ECF.

	Debtor Signed	CM/ECF
Schedule E/F:	NOT FULLY PRODUCED	See Exhibit 9.1

Detailed Case Analysis 10: *In re Jason A Hammond***18-18307-JKO****Date Petition Filed 7/10/2018**

- A near-complete failure to produce. Irrelevant and illegible documents produced.

	Debtor Signed	CM/ECF
Schedule C: Part One Section 2	NO EXEMPTIONS LISTED	See Exhibit 10.1
Schedule D:	NOT PRODUCED	See Exhibit 10.2
Schedule E/F:	NOT PRODUCED	See Exhibit 10.3
Schedule G:	NOT PRODUCED	See Exhibit 10.4

Schedule H:	NOT PRODUCED	See Exhibit 10.5
Schedule I:	NOT PRODUCED	See Exhibit 10.6
Schedule J:	NOT PRODUCED	See Exhibit 10.7
Declaration:	Signed on June 21, 2018	Signed on July 24, 2018
Statement of Financial Affairs: Part Two Section 4	Income from employment or from operating a business during this year or two previous years: No	Income from employment or from operating a business during this year or two previous years: Yes Last calendar year: \$168,888
Part Twelve	Signed on June 21, 2018	Signed on July 24, 2018

The Standard Operating Procedure

Attorney Diaz's standard procedures were made painfully clear by the in-court testimony of Attorney Diaz, the in-court representations of her counsel, the filings in this case, and a review of the produced materials:

1. Attorney Diaz has a meeting with a client in which she prepares rudimentary draft schedules.
2. The Debtor signs those draft schedules under penalty of perjury.
3. At some later date, Attorney Diaz makes *wholesale* changes to the draft schedules and other documents.
4. At some later date, often months after the draft schedules were created, Attorney Diaz files the petition on behalf of the Debtor via CM/ECF, representing to the Court that the Debtor has seen, sworn to the accuracy of, and verified those documents.
5. At some later date, often months after the draft schedules were created, Attorney Diaz later files the initial schedules on behalf of the Debtor via CM/ECF, representing to the Court that the Debtor has seen, sworn to the accuracy of, and verified those documents.
6. The Debtors, in fact, have never seen, sworn to, or verified the accuracy of the documents that Attorney Diaz files on their behalf via CM/ECF.

Declaration under Penalty of Perjury

The voluntary petition in every case states in pertinent part, as form language:

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

It is now clear that, on one hand, the Debtor has applied an actual, original signature to a document under penalty of perjury, presumably in the presence of Attorney Diaz. Many parts of that document are blank. On the other hand, the court docket reflects schedules that are vastly different from the ones the debtor actually signed, and yet purport to be “sworn” to under penalty of perjury using a “/s/” electronic signature applied by Attorney Diaz on behalf of the debtor.

The CM/ECF Filing System

This situation would never have been possible had the Court not adopted electronic filing of documents through the CM/ECF system.

Prior practice required the filing of original documents manually signed and verified by the debtor. In this district, local practice required that an original and six copies of all original filings be supplied, and this judge well recalls his years in law practice delivering hand trucks filled with boxes of documents to the Clerk’s office. The logistical problems for law firms producing all that paper were enormous. Once deposited with the Clerk, her staff was required to sort, index, and store the resulting files. Many clerical employees were required to perform these tasks, and thousands of square feet of office space were required to store the files.

This district came late to CM/ECF, timing its implementation to coincide with the effective date of the Bankruptcy Abuse Prevention and Consumer Protection Act in October 2005.

The benefits were obvious. Most importantly, CM/ECF fulfilled the Bankruptcy Code's requirement in 11 U.S.C. § 107 that "a paper filed in a case under this title and the dockets of a bankruptcy court are public records and open to examination by an entity at reasonable times without charge." With CM/ECF, court records can now be freely reviewed in the Clerk's office, and, through PACER, online from anywhere in the world through the payment of a modest fee. Previously, files could be reviewed only from the Clerk's physical records – and if the file was checked out to a judge's chambers, it was simply unavailable to review. Copies could be obtained from the Clerk only by filling out a copy request form and paying a (much larger) copy charge. This judge recalls a sign in a clerk's office in another district stating that "Photocopying is not a priority." And just as pleadings were unavailable for easy review, so too were proofs of claim – a real burden in cases with thousands of claims.

Clerk's office staff engaged in filing, indexing, storing, retrieving, and copying documents became redundant when CM/ECF became effective. Personnel cost reductions have saved the country millions of dollars, and productivity has been significantly enhanced. The space needed to store files, both on site in clerk's offices and in permanent storage off site, likewise became unnecessary. This Court has given back thousands of square feet of redundant office space and substantially reduced the rent paid to the General Services Administration, the U.S. Courts' landlord. Moreover, the environmental hazard caused by the storage of millions of tons of paper has been overcome. Paper stored for long periods, especially in humid climate, allows for the growth of mold and mildew and for its accumulation in the surrounding office and courtroom space. Toxic mold is the result, an effect sometimes referred to as "Southern Courthouse Disease." This accumulation of dangerous mold led the United States Courts to abandon such buildings as the 1933 David W. Dyer Federal Building and United States Courthouse in Miami,

now leased by GSA to Miami Dade College under a 115-year, one-dollar-a-year lease, and the 1905 United States Courthouse Building and Downtown Postal Station, sold to the City of Tampa for \$1.00. Both buildings are architecturally magnificent, and both were the subject of litigation brought by judicial officers or their descendants alleging dangerous and unsafe working conditions caused by toxic mold, and, in one case, the death of a judge.

All of these problems were cured by the adoption of CM/ECF.

But the utility of CM/ECF is dependent upon the integrity of the lawyers who file papers using the system. The Court and all parties in interest who now review documents online operate on the necessary assumption that a paper signed electronically by a debtor using “/s/” was, in fact, signed under penalty of perjury by the debtor. In other words, we CM/ECF users trust that electronically signed documents were actually signed by the debtor on the date indicated. Ronald Reagan famously used the phrase “trust, but verify” in connection with the signing of the Intermediate-Range Nuclear Forces Treaty with Mikhail Gorbachev in 1987. The origin of the phrase is a Russian proverb, “doveryai, no proveryai” (“trust, but verify”).

The case of Debtor Aldo Pina demonstrates the painful failure of trusting without verifying. Once Mr. Pina made the representations that he had neither seen nor signed his schedules filed by Ms. Diaz, this Court felt obliged to verify. And like the oncologist conducting exploratory surgery who finds metastatic cancer, this Court has “peeked and shrieked.”

It is noteworthy that both Chapter 7 Trustee Les Osborne and counsel for the United States Trustee Steven Schneiderman stated at the June 12th hearing that they had never had any prior problems with Attorney Diaz. That is because neither of them had ever looked. The Court means no criticism of Mr. Osborne or Mr. Schneiderman; the fact of the matter is that **nobody** ever looks. The Court is unaware of any request or order ever entered in the Southern District of

Florida requiring “the production of original documents for review by the court, a trustee, the U.S. Trustee, or any interested party” under Local Rule 5005-4(C).

But now that the Court has looked, it cannot look away.

Bad Faith

Based upon the production of documents to the Court, and a comparison of these documents to those filed by Attorney Diaz on CM/ECF, the Court finds that the manner and method of production manifests a bad faith attempt to avoid detection of Attorney Diaz’s shockingly inadequate and possibly criminal standard operating procedure:

- Attorney Diaz initially refused to produce as directed. When she finally did -
- Seventeen cases were not produced.
- Many cases are missing several schedules entirely.
- Approximately 20 case files included documents that were not required to be produced and/or multiple copies of the same document, in what appears to be an attempt to “stuff” the file in an effort to make that file appear like others. The Court finds the insertion of unrequired and irrelevant documents (and sometimes multiple copies of the same document) an effort to make each manila folder appear from the outside to contain the same quantity of paper, which may have satisfied an extremely cursory review.
- In approximately 10 cases, illegible copies were produced making review and comparison to actual filed schedules on CM/ECF impossible.
- Scattered and disorganized filings in which the documents were produced haphazardly with pages out of order. Tellingly, these types of sloppy files often revealed the greatest differences between the debtor signed documents and the CM/ECF filed documents, whereas files with stapled and organized documents often were “complete”

productions (even though there were still a multitude of discrepancies).

- Files were included where the case number on the manila folder did not match the actual case included in the manila folder, complicating review unnecessarily.

Applicable Law

Federal Rule of Bankruptcy Procedure 1008 requires that all schedules and statements must be verified or contain an unsworn declaration under penalty of perjury pursuant to 28 U.S.C. § 1746. Alternatively, such documents may be verified by oath or affirmation pursuant to Bankruptcy Rule 9012.

What we have here is a consistent pattern of practice by Attorney Diaz under which *unsworn and unverified* schedules and statements have been filed by her in “over 100 filings” since the beginning of 2017. The Court has no reason to believe that this practice began only in January of 2017, or that is not present in all of the cases that Attorney Diaz has ever filed since she filed her first case in this district on August 25, 2008.¹³

Bankruptcy Rule 5005 provides that “[a] court may, by local rule, permit or require documents to be filed, signed, or verified by electronic means. ... A document filed by electronic means in compliance with a local rule constitutes a written paper for the purpose of applying these rules, the Federal Rules of Civil Procedure made applicable by these rules, and § 107 of the Code.” Section 107 provides that “a paper filed in a case under this title and the dockets of a bankruptcy court are public records and open to examination by an entity at reasonable times without charge.” Our Court has provided for such local rule in Local Rule 5005-4. Local Rule 5005-4(D) provides in relevant part that “[d]ocuments required to be verified or contain an unsworn declaration that

¹³ See *In re Rene Bacallao*, 08-22043-RAM.

are filed electronically shall be treated, for all purposes (both civil and criminal, including penalties for perjury), the same as though signed or subscribed.”

The Schedules and Statement of Financial Affairs filed by Attorney Diaz in this case, and in “over 100” other cases, and very likely many more, are both unsworn and unverified. When asked by the Trustee if he had signed his Schedules, the Debtor Aldo Pina answered honestly that he had not, and that he had never before seen the documents Attorney Diaz filed at ECF 12. Parties in a bankruptcy case, starting with a trustee but including all parties in interest and the Court, *rely* on schedules and statements. They are the starting point for the evaluation of a debtor’s assets and liabilities, and the starting point for the evaluation of a debtor’s honesty. If a set of schedules and statements contain falsehoods, they are the starting point for the denial of a debtor’s discharge under 11 U.S.C. § 727 or the assertion that the debtor has perjured him- or herself. But without that starting point, the bankruptcy process lacks fundamental integrity. And in the opinion of this Court, the evidence produced in this situation has revealed this it is more likely than not that each and every case that Attorney Diaz has filed similarly lacks fundamental integrity, and the debtors, creditors, judges and other actors in those cases and beyond have a right to know that all of her cases are tainted.¹⁴

Attorney Diaz’s Response suggests that her failure to comply with the requirement set forth clearly in Rule 1008 that “[a]ll petitions, lists, schedules, statements and amendments thereto shall be verified or contain an unsworn declaration as provided in 28 U.S.C. § 1746” is the result of “an error in office procedure” [ECF 57, page 3 of 5] and “of not knowing the proper procedure.” [ECF 57, page 5 of 5].

¹⁴ This Court will be directing the Clerk to file a notice in each case that Attorney Diaz has ever filed. *See* Exh. 11.

This is mind boggling.

Each electronic filing by Attorney Diaz of documents which she represented were verified but were not constitutes a separate violation of Bankruptcy Rule 9011(b): by presenting to the court (whether by signing, filing, submitting, or later advocating) a petition, pleading, written motion, or other paper, an attorney or unrepresented party is certifying that to the best of the person's knowledge, information, and belief, formed after an inquiry reasonable under the circumstances –

- 1) It is not being presented for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation;
- 2) The claims, defenses, and other legal contentions therein are warranted by existing law or by a nonfrivolous argument for the extension, modification, or reversal of existing law or the establishment of new law;
- 3) The allegations and other factual contentions have evidentiary support, or, if specifically so identified, are likely to have evidentiary support after a reasonable opportunity for further investigation or discovery; and
- 4) The denials of factual contentions are warranted on the evidence, or, if specifically so identified, are reasonably based on lack of information and belief.

By passing off schedules and statements as having been verified or executed under penalty of perjury, when they have actually not been, Attorney Diaz has made false representations to the Court within the meaning of Bankruptcy Rule 9011(b). In fact, the Court's most recent order to show cause directed Attorney Diaz to do the following:

1. Attorney Diaz shall produce all of the documents required to be produced by this Court's Order [ECF 51], and to produce them in the manner directed by that Order. All

documents are to be produced on or before **May 31, 2019**.

a. Attorney Diaz **failed to produce as required**, as discussed above.

2. Attorney Diaz shall show cause in writing, on or before **May 31, 2019**, why she should not be held in contempt for failure to comply with the requirements to turn over documents as set forth in the Order [ECF 51].

a. Attorney Diaz **failed to do so**.

3. Attorney Diaz shall show cause in writing, on or before **May 31, 2019**, why her proposed “New business practice” does not violate the terms of Local Rule 5005-4(C).

a. Attorney Diaz **failed to do so**.

4. Pursuant to the provisions of Federal Rule of Bankruptcy Procedure 9011(c)(1)(B), Attorney Diaz shall show cause in writing, on or before **May 31, 2019**, why her filing of the Debtor’s Schedules and Statement of Affairs [ECF 12], which had never been seen by the Debtor and were not verified or affirmed by him, does not constitute a representation to the Court which violates Bankruptcy Rule 9011(b)(3).

a. Attorney Diaz **failed to do so**.

5. Pursuant to the provisions of Federal Rule of Bankruptcy Procedure 9011(c)(1)(B), Attorney Diaz shall show cause in writing, on or before **May 31, 2019**, why her filing in “over 100 filings” of schedules and statements of affairs which had never been seen by the debtor and were not verified or affirmed by him or her, does not constitute a representation to the Court which violates Bankruptcy Rule 9011(b)(3).

a. Attorney Diaz **failed to do so**.

6. Attorney Diaz shall show cause in writing, on or before **May 31, 2019**, why she should not be required (a) to file notice in each of “over 100 filings” that the schedules and

statements of affairs filed in those cases were neither seen nor executed by the debtors in those cases, and (b) to file schedules and statements of affairs in each of those cases which have been executed by the debtors.

a. Attorney Diaz **failed to do so.**

7. Pursuant to the provisions of Local Rule 2090-2(B)(1), Attorney Diaz shall show cause in writing, on or before **May 31, 2019**, why she should not be suspended from practice before the court, reprimanded or otherwise disciplined.

a. Attorney Diaz **failed to do so.**

8. The Court will conduct an evidentiary hearing on this Show Cause Order on **June 12, 2019 at 1:30 p.m.** at the United States Bankruptcy Court, 299 East Broward Blvd., Courtroom 301, Fort Lauderdale, FL 33301. Attorney Diaz is directed to appear at that hearing.

a. Attorney Diaz complied with this directive by showing up.

The Response [ECF 66] filed by Mr. de la Cabada on behalf of Attorney Diaz objectively fails to respond to this Court's demands, and it makes material misstatements about the reality of the current situation. For example, paragraph 4 of the Response states "[t]he filing of Debtor's Schedules and Statements of Affairs filed to not constituted a of Rule 90119(b)(3) [sic] because the information provided did have evidentiary support in that it was reviewed by each debtor and any differences with the pleadings were slight and not material and based on communication with Debtor and his/her required documentation." This statement, upon review of the documents, is false, and necessarily leads this Court to believe that Ramon de la Cabada, an attorney with admittedly no experience before the bankruptcy court, honestly had no idea what he was talking about. To consider otherwise would open a whole separate Pandora's Jar, considering how false and misleading the Response is in light of the actual production. It would appear that Mr. de la

Cabada's representations in the Response may themselves constitute violations of Rule 9011(b)(3), but the Court declines to consider that question further.

The Response [ECF 66] attempts to compare this situation to a case in Georgia, *In re Harmon*, 435 B.R. 758 (Bankr. N.D. Ga. 2010) where the court sanctioned several attorneys in a law firm, and the law firm itself, for similar misdeeds.¹⁵ In that case, the court became aware of two situations in which something vaguely similar to this debacle happened at a law firm. By contrast, Attorney Diaz is a solo practitioner, and she is solely responsible for what happens at her firm. And as discussed, the Court has discovered a standard operating procedure apparently present in each and every case that Attorney Diaz has ever filed that is materially illegal.

"This Is The End"¹⁶

"While Attorney Diaz understands the court's concern, it would be submitted that these errors delineated do not rise to the level of such a high punitive measure of suspension of a solo practitioner when other steps can be taken to allay concerns without potentially creating a legal practice wrecking scenario." [ECF 66, ¶ 7]. The Court disagrees. Based on the production, and the totality of the circumstances from the beginning of this saga, Attorney Diaz **does not** understand the Court's concern, the errors delineated **do** rise to the level of such a high punitive measure of suspension, and **no** other steps can be taken to allay the Court's concerns. Accordingly, and extremely regrettably, the Court has no other choice but to suspend Attorney Diaz for a considerable period of time and to recommend that other entities act to disbar Attorney Diaz from the practice of law entirely.

¹⁵ "Given the importance of the Court's ability to rely on attorneys' representations, deterrence and punishment are both appropriate purposes for sanctions here. ... As this Court relies heavily on electronic filings, the adherence of attorneys to the local rules regarding electronic signatures is imperative." 435 B.R. at 767.

¹⁶ The opening sequence of the 1979 American epic war film *Apocalypse Now* comes to mind.

Federal courts, including bankruptcy courts, possess inherent authority to impose sanctions against attorneys and their clients. *Chambers v. NASCO, Inc.* 501 U.S. 32 (1991); *Glatter v. Mroz (In re Mroz)*, 65 F.3d 1567, 1574 (11th Cir. 1995); *Ginsberg, et al. v. Evergreen Security, Ltd. et al. (In re Evergreen Security)*, 570 F.3d 1257, 1263 (11th Cir. 2009) (citing *In re Walker*, 532 F.3d 1304, 1309 (11th Cir. 2008)). “This power is derived from the court’s need to manage [its] own affairs so as to achieve the orderly and expeditious disposition of cases.” *Sunshine Jr. Stores, Inc.*, 456 F.3d 1291, 1304 (11th Cir. 2006)(internal citations omitted). *Evergreen Security* at 1263. A bankruptcy court “may impose sanctions if a party violates a court order or rule.” *Id.* at 1273.

The Eleventh Circuit has held that bankruptcy courts possess inherent authority to impose sanctions and statutory authority to *sua sponte* “take any action or make any determination necessary or appropriate to enforce or implement court orders or rules, or to prevent an abuse of process.” 11 U.S.C. § 105(a) (2005). *Id.* at 1263.

Local Rule 2090-2(B)(1) provides:

Upon order to show cause entered by at least one judge, any attorney appearing before the court may, after 30 days’ notice and hearing and for good cause shown, be suspended from practice before the court, reprimanded or otherwise disciplined, by a judge whose order to show cause initiated the disciplinary proceedings.

The Order to Show Cause [ECF 32] initiating these disciplinary proceedings against Attorney Diaz was entered on February 6, 2019. Attorney Diaz was directed to produce documents by Order [ECF 51] entered April 10, 2019. A further Order to Show Cause [ECF 58] was entered May 7, 2019. Substantially more than the thirty days’ notice provided in Local Rule 2090-2(B)(1) has elapsed.

Attorney Diaz’s conduct in connection with these proceedings has reeked of bad faith. She completely failed to comply with the Order [ECF 51] to produce documents, and failed in the

substantial ways discussed above to comply with the further Order to Show Cause [ECF 58]. It is impossible to conclude that her failure to comply with these Orders was anything other than willful. Her standard operating procedure similarly reeks of bad faith. Her practice has serious criminal implications.¹⁷ At best, hers is an “empty head but pure heart” defense. But as the Seventh Circuit has succinctly put it, “[a]n empty head but a pure heart is no defense.” *Thornton v. Wahl*, 787 F.2d 1151, 1154 (7th Cir. 1986).

The harm that Attorney Diaz has perpetrated in her practice goes beyond the injury to her clients and to the other parties in interest in her cases. As Chief Judge James J. Robinson of the Northern District of Alabama found in a related context, “[t]he harm goes beyond the immediate parties in interest. The credibility of bankruptcy jurisprudence, including its courts, judges, trustees, and lawyers, is diluted with each fallacious case like these.” *In re Garrard*, 2013 WL 4009324 at *6 (Bankr. N.D. Ala. Aug. 5, 2013).

Attorney Diaz’s conduct in this proceeding is intolerable. Her method of practice is grossly incompetent, and there is no reason to believe that it can be made to improve. No amount of continuing legal education could possibly fill the gaps of incompetence demonstrated here.

Which leads to the ultimate question: what is the appropriate remedy here? Attorney Diaz cannot be allowed to practice before this Court. Local Rule 2090-2(B) authorizes a single judge of this Court to “suspend” an attorney and the Court will do so. This Court’s Local Rules contain no provision for the disbarment of an attorney for the practical reason that there is no separate bar of the bankruptcy court. Local Rule 2090-1(A)(1) requires, with limited exceptions not applicable here, that an attorney practicing before this Court must “be a member of the Bar of the

¹⁷ See, Ronald R. Peterson, *Criminal Liability for the Bankruptcy Practitioner*, Chapter 16 in *Attorney Liability in Bankruptcy*, American Bar Association (2006).

United States District Court for the Southern District of Florida.” In turn, Local Special Rule 1 of the Special Rules Governing the Admission and Practice of Attorneys (the “District Court Special Rules”) provides that “[a]n attorney is qualified for admission to the bar of this District if the attorney is currently a member in good standing of The Florida Bar.”

This Court concludes that Attorney Diaz is grossly incompetent to practice law in this Court or anywhere else. It will therefore refer Attorney Diaz to the Ad Hoc Committee on Attorney Admissions, Peer Review and Attorney Grievance (the “Committee”) created by Rule 5 of the District Court Special Rules, pursuant to District Court Special Rule 5(b), which provides in relevant part:

(1) *Referral.* Any District Judge, Magistrate Judge, or Bankruptcy Judge shall refer in writing to the Committee the name of any attorney he or she has observed practicing law in a manner which raises significant question as to the adequacy of such attorney’s ability to represent clients in a competent manner. The referral shall be accompanied by a statement of the reasons why such question is raised.

This Order in its entirety constitutes this Court’s statement of the reasons why the question of Attorney’s Diaz’s competence is raised. The Court’s recommendation to the Committee is that it recommend to the District Court that Attorney Diaz be disbarred.

The Court will also refer Attorney Diaz to The Florida Bar with a recommendation that Attorney Diaz be disbarred.

Based upon the foregoing, it is **ORDERED**:

1) Attorney Maite Diaz is hereby **PROHIBITED** from filing any new debtor case commencing **July 1, 2019**.

2) Attorney Maite Diaz is hereby **SUSPENDED FROM PRACTICE** before this Court for a period of **TWO YEARS** commencing **August 1, 2019**.

3) The Clerk of this Court is **DIRECTED** to terminate Attorney Maite Diaz's CM/ECF privileges effective **August 1, 2019**.

4) Attorney Maite Diaz is hereby **REFERRED** to the Ad Hoc Committee on Attorney Admissions, Peer Review and Attorney Grievance of the United States District Court for the Southern District of Florida for review of Attorney Maite Diaz's ability to represent clients in a competent manner, with a recommendation to the Committee that it recommend to the District Court that Attorney Maite Diaz be disbarred. The Clerk of this Court is **DIRECTED** to serve a copy of this Order on the Committee.

5) Attorney Maite Diaz is hereby **REFERRED** to The Florida Bar for discipline as unfit to practice law, with a recommendation to The Florida Bar that Attorney Maite Diaz be disbarred. The Clerk of this Court is **DIRECTED** to serve a copy of this Order on the Executive Director of The Florida Bar.

6) Attorney Maite Diaz is hereby **REFERRED** to the Office of the United States Trustee for such investigation as the United States Trustee sees fit. The Clerk of this Court is **DIRECTED** to serve a copy of this Order on the United States Trustee for Region 21.

7) Attorney Maite Diaz is hereby **REFERRED** to the United States Attorney for the Southern District of Florida for such investigation as the United States Attorney sees fit. The Clerk of this Court is **DIRECTED** to serve a copy of this Order on the United States Attorney.

8) The Clerk of this Court is **DIRECTED** to file a Notice in each case in which Attorney Maite Diaz appears as counsel of record in substantially the form attached hereto as Exhibit 11.

###

Copies to: all parties in interest, and as directed above.

Exhibit 1.1

Fill in this information to identify your case:

Debtor 1	Rene Pazmino		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, MIAMI DIVISION		
Case number (if known)	18-22794		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
9550 NW 33rd Ave Miami FL, 33147-2789 Line from <i>Schedule A/B</i> 1.3	\$278,067.00	<input checked="" type="checkbox"/> \$44,248.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art. X, §4(a)(1); Fla. Stat. §§ 222.01, 222.02
Ford F150 Pickup 2WD 1997 180000 Line from <i>Schedule A/B</i> 3.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. § 222.25(1)
household goods and furnishings Line from <i>Schedule A/B</i> 6.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Exhibit 1.2

Fill in this information to identify your case:

Debtor 1	Rene Pazmino		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, MIAMI DIVISION		
Case number (if known)	18-22794		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Caliber Home Loans Creditor's Name PO Box 24610 Oklahoma City, OK 73124-0610 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 2728 NW 28th St, Miami, FL 33142-6426 debtor wants to cramdown As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$282,920.46	\$155,676.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred	Last 4 digits of account number		

2.2 Chase Bank Creditor's Name PO Box 15922 Wilmington, DE 19850-5922 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 9550 NW 33rd Ave, Miami, FL 33147-2789 up to date, keep Homestead property As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$233,819.00	\$278,067.00	\$0.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			

Debtor 1 **Rene Pazmino**

First Name

Middle Name

Last Name

Case number (if know)

18-22794**2.3 Miami Dade County**

Creditor's Name

**Permitting and
Inspection Center
11805 SW 26th St # 230
Miami, FL 33175-2464**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**2728 NW 28th St, Miami, FL
33142-6426
debtor wants to cramdown**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☒ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

\$1,291.78**\$155,676.00****\$1,291.78**

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

2.4 Miami Dade County Tax Collector

Creditor's Name

**Code Enforcement
111 NW 1st St # 1750
Miami, FL 33128-1905**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**9550 NW 33rd Ave, Miami, FL
33147-2789
up to date, keep Homestead
property**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

unknown**\$278,067.00****\$0.00**

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

2.5 Mr. Cooper

Creditor's Name

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**19618 NW 79th Ave, Hialeah, FL
33015-6361
shortsale pending valuation
Realquest**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

\$530,642.11**\$365,000.00****\$165,642.11**

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number _____

Debtor 1 **Rene Pazmino**

First Name

Middle Name

Last Name

Case number (if know)

18-22794

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,048,673.35

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$1,048,673.35**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Exhibit 1.3

Fill in this information to identify your case:

Debtor 1	Rene Pazmino		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, MIAMI DIVISION		
Case number (if known)	18-22794		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Florida Dept of Revenue Priority Creditor's Name	Last 4 digits of account number 0662	\$1,554.79	\$1,554.79
PO Box 6668 Tallahassee, FL 32314-6668 Number Street City State Zip Code	When was the debt incurred?		\$0.00
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input checked="" type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input type="checkbox"/> Other. Specify _____</p>			

Debtor 1 **Pazmino, Rene**Case number (if known) **18-22794**

2.2

Internal Revenue Service

Priority Creditor's Name

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred? _____

PO Box 7346**Philadelphia, PA 19101-7346**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify _____

2.3

Special Asst. U.S. Attorney

Priority Creditor's Name

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred? _____

1000 S. Pine Island Road #300**Fort Lauderdale, FL 333240000**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify _____

2.4

U.S. Attorney General

Priority Creditor's Name

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred? _____

950 Pennsylvania Ave NW**Washington, DC 20530-0009**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify _____

Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

2.5

United States Attorney

Priority Creditor's Name

Last 4 digits of account number

\$0.00**\$0.00****\$0.00****99 NE 4th St
Miami, FL 33132-2131**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1

Amex

Nonpriority Creditor's Name

Last 4 digits of account number

2153

Total claim

\$1,164.00**PO Box 297871
Fort Lauderdale, FL 33329-7871**

Number Street City State Zip Code

When was the debt incurred?

2018-02

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

4.2

Amex

Nonpriority Creditor's Name

Last 4 digits of account number **4973****\$0.00****PO Box 297871****Fort Lauderdale, FL 33329-7871**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2017-09-06**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.3

Amex

Nonpriority Creditor's Name

Last 4 digits of account number **8573****\$0.00****PO Box 297871****Fort Lauderdale, FL 33329-7871**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2017-01-26**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.4

Amex Dsnb

Nonpriority Creditor's Name

Last 4 digits of account number **4011****\$0.00****9111 Duke Blvd****Mason, OH 45040-8999**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2009-04-19**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

Debtor 1 **Pazmino, Rene**Case number (if known) **18-22794**

4.5

Ana Cummings

Nonpriority Creditor's Name

**c/o Carlos Santos Esq.
3400 Coral Way # 5Thfl
Miami, FL 33145-3053**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

unknown**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify _____

4.6

Bankamerica

Nonpriority Creditor's Name

**4909 Savarese Cir
Tampa, FL 33634-2413**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

8570**\$0.00****When was the debt incurred?****2006-01-30****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **CreditLine account**

4.7

Cap1/berpl

Nonpriority Creditor's Name

**90 Christiana Rd
New Castle, DE 19720-3118**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
- ☐ Yes

Last 4 digits of account number

1787**\$0.00****When was the debt incurred?****2007-11****As of the date you file, the claim is:** Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Revolving account**

Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

4.8

Chase Card

Nonpriority Creditor's Name

Last 4 digits of account number **5792****\$0.00**When was the debt incurred? **2002-07****PO Box 15298****Wilmington, DE 19850-5298**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.9

Chase Card

Nonpriority Creditor's Name

Last 4 digits of account number **9574****\$0.00**When was the debt incurred? **2010-08-25****PO Box 15298****Wilmington, DE 19850-5298**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.10

Chase Card

Nonpriority Creditor's Name

Last 4 digits of account number **1470****\$0.00**When was the debt incurred? **2006-03-03****PO Box 15298****Wilmington, DE 19850-5298**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

4.11	Chase Card Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0058</u> When was the debt incurred? <u>2006-10</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.12	Chase Card Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3005</u> When was the debt incurred? <u>2003-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.13	Chase Card Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6398</u> When was the debt incurred? <u>2006-03-03</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

4.14	Chase Card Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2774 When was the debt incurred? 2010-08-25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account	unknown
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4.15	Chase Card Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850-5298 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2774 When was the debt incurred? 2010-08-25 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account	\$-1.00
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4.16	Citi Nonpriority Creditor's Name PO Box 6241 Sioux Falls, SD 57117-6241 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8455 When was the debt incurred? 2000-05 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account	\$0.00
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Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

4.17	Comenitycb/lendingclub Nonpriority Creditor's Name PO Box 182120 Columbus, OH 43218-2120 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0490</u> When was the debt incurred? <u>2016-03-15</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.18	Credit One Bank NA Nonpriority Creditor's Name PO Box 98875 Las Vegas, NV 89193-8875 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5467</u> When was the debt incurred? <u>2012-10</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.19	Discoverbank Nonpriority Creditor's Name PO Box 15316 Wilmington, DE 19850-5316 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4271</u> When was the debt incurred? <u>2007-12-03</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

4.20	Dsnb Macys Nonpriority Creditor's Name PO Box 8218 Mason, OH 45040-8218 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1531</u> When was the debt incurred? <u>2009-04-19</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.21	Ford Motor Credit Company Nonpriority Creditor's Name PO Box 6508 Mesa, AZ 85216-6508 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$0.00
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4.22	Jefferson Capital Syst Nonpriority Creditor's Name 16 McLeland Rd Saint Cloud, MN 56303-2198 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9003</u> When was the debt incurred? <u>2017-02</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>	\$798.00
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Debtor 1 **Pazmino, Rene**Case number (if known) **18-22794**

4.23	Lennar Spanish Lakes HOA Nonpriority Creditor's Name C/O ASSOCIATION SPECIALTY GROUP LLC 9050 Pines Blvd Ste 480 Pembroke Pines, FL 33024-6415 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
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4.24	Ilidia Gonzalez Nonpriority Creditor's Name 2467 NW 98th St Miami, FL 33147-2135 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
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4.25	Mcydsnb Nonpriority Creditor's Name PO Box 8218 Mason, OH 45040-8218 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5340 \$0.00 When was the debt incurred? 2009-04 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account	
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Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

4.26	Mcydsnb Nonpriority Creditor's Name PO Box 8218 Mason, OH 45040-8218 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6760 When was the debt incurred? 2001-05 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account	\$0.00
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4.27	Miami Dade County Nonpriority Creditor's Name 111 NW 1st St # 2810 Miami, FL 33128-1930 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$0.00
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4.28	Midland Funding Nonpriority Creditor's Name 2365 Northside Dr Ste 30 San Diego, CA 92108-2709 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3974 When was the debt incurred? 2017-09 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Open account	\$4,668.00
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Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

4.29	Mr. Cooper Nonpriority Creditor's Name 8950 Cypress Waters Blvd Coppell, TX 75019-4620 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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4.30	Ntb/cbna Nonpriority Creditor's Name PO Box 6497 Sioux Falls, SD 57117-6497 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1383 \$0.00 When was the debt incurred? 2009-04-13 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account
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4.31	Portfolio Recov Assoc Nonpriority Creditor's Name 120 Corporate Blvd Ste 1 Norfolk, VA 23502-4952 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0635 \$461.00 When was the debt incurred? 2017-12-21 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Open account
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Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

4.32	Real time Resolutions Nonpriority Creditor's Name 1349 Empire Central Dr # 150 Dallas, TX 75247-4029 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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4.33	Synccb/Ashley/City Furn Nonpriority Creditor's Name C/o PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0600 \$0.00 When was the debt incurred? 2004-10 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account
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4.34	Synccb/brandsmart Nonpriority Creditor's Name PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3561 \$0.00 When was the debt incurred? 2000-12-20 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account
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Debtor 1 **Pazmino, Rene**Case number (if known) **18-22794**

4.35	Synccb/jcp Nonpriority Creditor's Name PO Box 965007 Orlando, FL 32896-5007 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0743</u> When was the debt incurred? <u>2006-01</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.36	Synccb/lowes Nonpriority Creditor's Name PO Box 956005 Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0294</u> When was the debt incurred? <u>2005-01</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.37	Thd/Cbna Nonpriority Creditor's Name PO Box 6497 Sioux Falls, SD 57117-6497 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7748</u> When was the debt incurred? <u>2014-06</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$4,247.00
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Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

4.38	Wells Fargo Bank Nonpriority Creditor's Name PO Box 14517 Des Moines, IA 50306-3517 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2882</u> When was the debt incurred? <u>2007-04-02</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.39	Wells Fargo Bank Nonpriority Creditor's Name PO Box 14517 Des Moines, IA 50306-3517 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9206</u> When was the debt incurred? <u>2007-04</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.40	Wffnatbank Nonpriority Creditor's Name Des Moines, IA 50306 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0963</u> When was the debt incurred? <u>2002-12</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

4.41

Wffnatbank

Nonpriority Creditor's Name

Last 4 digits of account number **0963****\$0.00****Des Moines, IA 50306**

Number Street City State Zip Code

Who incurred the debt? Check one.☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt**Is the claim subject to offset?**☒ No☐ Yes**When was the debt incurred?** **2002-12****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Ana Cumming
652 NW 1st St
Miami, FL 33128-1506

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Greentree Servicing

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Robertson, Anschutz & Schneid,
P.L.
3010 N Military Trl Ste 300
Boca Raton, FL 33431-6393

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.29** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Ronald Neiwrth Esq.
Gordon and Rees LLP
100 SE 2nd St # 3900
Miami, FL 33131-2153

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	1,554.79
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	1,554.79
		Total Claim	
Total claims	6f. Student loans	6f. \$	0.00

Debtor 1 **Pazmino, Rene**Case number (if know) **18-22794**

from Part 2

- 6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**
- 6h. **Debts to pension or profit-sharing plans, and other similar debts**
- 6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.
- 6j. **Total Nonpriority.** Add lines 6f through 6i.

6g. \$ **0.00**

6h. \$ **0.00**

6i. \$ **11,337.00**

6j. \$ **11,337.00**

Exhibit 2.1

Fill in this information to identify your case and this filing:

Debtor 1	Adriana Galvez		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number	0:17-bk-14768		

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
- ☒ Yes. Where is the property?

1.1

1801 NW 111th Ave

Street address, if available, or other description

Pembroke Pines FL 33026-2254

City State ZIP Code

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
\$364,000.00

Current value of the portion you own?
\$364,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$364,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☒ No
- ☐ Yes

Debtor 1 **Galvez, Adriana**Case number (if known) **0:17-bk-14768****4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories☒ No☐ Yes**5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>****\$0.00****Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe.....**household goods and furnishings****\$1,000.00****7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe.....**regular household electronics****\$500.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☒ No☐ Yes. Describe.....**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes. Describe.....**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes. Describe.....**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe.....**normal Wearing Apparel****\$50.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe.....**costume Jewelry****\$20.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No

Debtor 1 Galvez, AdrianaCase number (if known) 0:17-bk-14768☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$1,570.00**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No☒ Yes.....Cash on hand \$50.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes.....

Institution name:

17.1. Wells Fargo Checking 0426 \$184.4117.2. **Savings Account** Wells Fargo 1331 \$7.0017.3. **Checking Account** Wells Fargo 5269 \$653.04

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No☒ Yes. List each account separately.

Type of account:

Institution name:

403B acct through employer \$0.00

Debtor 1 **Galvez, Adriana**Case number (if known) **0:17-bk-14768****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit☒ No☐ Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information..

Debtor 1 **Galvez, Adriana**Case number (if known) **0:17-bk-14768****33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue*☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$894.45****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?☒ No. Go to Part 7.☐ Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.....**54. Add the dollar value of all of your entries from Part 7. Write that number here****\$0.00****Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2		\$364,000.00
56. Part 2: Total vehicles, line 5	\$0.00	
57. Part 3: Total personal and household items, line 15	\$1,570.00	
58. Part 4: Total financial assets, line 36	\$894.45	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
	+	
62. Total personal property. Add lines 56 through 61...	\$2,464.45	Copy personal property total \$2,464.45
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$366,464.45

Exhibit 2.2

Fill in this information to identify your case:

Debtor 1	Adriana Galvez		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)	0:17-bk-14768		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
household goods and furnishings Line from <i>Schedule A/B</i> : 6.1	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Exhibit 2.3

Fill in this information to identify your case:

Debtor 1 Adriana GalvezDebtor 2
(Spouse, if filing)United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA, FORT
LAUDERDALE DIVISIONCase number 0:17-bk-14768
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

- ☒ Employed
- ☐ Not employed

Occupation

International Coordinator

Employer's name

Cleveland Clinic

Employer's address

PO Box 89410
Cleveland, OH 44101-6410

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Self-Employed - Realtor

How long employed there?

5 years10 years**Part 2:** Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>4,704.01</u>	\$ <u>0.00</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>4,704.01</u>	\$ <u>0.00</u>

Debtor 1 **Galvez, Adriana**Case number (if known) **0:17-bk-14768**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 4,704.01	\$ 0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 704.40	\$ 0.00
5b. Mandatory contributions for retirement plans	5b. \$ 141.16	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 70.57	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 507.50	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: <u>lpp co</u>	5h. \$ 211.75	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,635.38	\$ 0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 3,068.63	\$ 0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 633.33
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h. \$ 0.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 633.33
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,068.63	\$ 633.33
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		12. \$ 3,701.96
		Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain:		

Exhibit 2.4

Fill in this information to identify your case:

Debtor 1 Adriana Galvez

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION

Case number 0:17-bk-14768
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

son

16

☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Galvez, Adriana**Case number (if known) **0:17-bk-14768**

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>208.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>50.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>300.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>800.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>20.00</u>
10. Personal care products and services	10. \$ <u>0.00</u>
11. Medical and dental expenses	11. \$ <u>50.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>200.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>50.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: _____	21. +\$ <u>0.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>1,678.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>1,678.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>3,701.96</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>1,678.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>2,023.96</u>

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here: _____

Exhibit 3.1

Fill in this information to identify your case:

Debtor 1	Raul Hernan Ochoa		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, MIAMI DIVISION		
Case number (if known)			

☐ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt****4/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Honda Accord 1997 200000 <small>Line from <i>Schedule A/B</i> 3.1</small>	\$625.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. § 222.25(1)
Honda Accord 1997 200000 <small>Line from <i>Schedule A/B</i> 3.1</small>	\$625.00	<input checked="" type="checkbox"/> \$625.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)
Chrysler Town and Country 2002 140000 <small>Line from <i>Schedule A/B</i> 3.2</small>	\$1,600.00	<input checked="" type="checkbox"/> \$814.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. § 222.25(1)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Decorative Items Lamps, Mirrors, Artificial Plants, Art Frames, Picture Frames, Family Pictures, Curtains, Candles, Candle Holders, Decorative Throw Pillows, Rugs, Decorative Wall Plaques, Decorative Wall Plates, Decorative Wall Clock, Glass Vases, Cera <small>Line from Schedule A/B: 8.1</small>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)
Assorted Apparel <small>Line from Schedule A/B: 11.1</small>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)
Costume Jewellery <small>Line from Schedule A/B: 14.1</small>	<u>\$20.00</u>	<input checked="" type="checkbox"/> <u>\$20.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)
Cash on hand <small>Line from Schedule A/B: 16.1</small>	<u>Unknown</u>	<input checked="" type="checkbox"/> <u>\$10.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)
Savings account ending in: 5617-00 Space Coast <small>Line from Schedule A/B: 17.1</small>	<u>\$12.50</u>	<input checked="" type="checkbox"/> <u>\$12.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)
space coast 6012 <small>Line from Schedule A/B: 17.2</small>	<u>\$1,148.45</u>	<input checked="" type="checkbox"/> <u>\$112.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?☐ No☐ Yes

Exhibit 4.1

Fill in this information to identify your case:

Debtor 1	Guillermo Valdes		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
10525 NW 10th St # B14-101 Pembroke Pines FL, 33026-3911 Line from <i>Schedule A/B</i> 1.1	\$162,048.00	<input checked="" type="checkbox"/> \$67,048.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art. X, §4(a)(1); Fla. Stat. §§ 222.01, 222.02
Toyota Corolla 2002 107000 Line from <i>Schedule A/B</i> 3.1	\$1,750.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. § 222.25(1)
Toyota Corolla 2002 107000 Line from <i>Schedule A/B</i> 3.1	\$1,750.00	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)
household goods and furnishings Line from <i>Schedule A/B</i> 6.1	\$800.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)
Stonegate Bank 1881 Line from <i>Schedule A/B</i> 17.1	\$0.00	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. § 222.201; 11 U.S.C. § 522(d)(10)(A)

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Exhibit 4.2

Fill in this information to identify your case:

Debtor 1	Guillermo Valdes		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Wells Fargo Home Mortgage Creditor's Name	\$95,000.00	\$162,048.00	\$0.00
Describe the property that secures the claim: 10525 NW 10th St # B14-101, Pembroke Pines, FL 33026-3911			
PO Box 660455 Dallas, TX 75266-0455 Number, Street, City, State & Zip Code			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
Date debt was incurred _____ Last 4 digits of account number _____			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$95,000.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$95,000.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Exhibit 4.3

Fill in this information to identify your case:

Debtor 1	Guillermo Valdes		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$0.00	\$0.00

Debtor 1 **Valdes, Guillermo**

Case number (if known)

2.2

Special Asst. U.S. Attorney

Priority Creditor's Name

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

**1000 S. Pine Island Road #300
Fort Lauderdale, FL 333240000**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.3

U.S. Attorney General

Priority Creditor's Name

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

**950 Pennsylvania Ave NW
Washington, DC 20530-0009**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.4

United States Attorney

Priority Creditor's Name

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

**99 NE 4th St
Miami, FL 33132-2131**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.

Debtor 1 **Valdes, Guillermo**

Case number (if known)

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Amex Nonpriority Creditor's Name PO Box 297871 Fort Lauderdale, FL 33329-7871 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4113 When was the debt incurred? 2006-12 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account	\$0.00

4.2	Biotel Heart /Cardionet LLC Nonpriority Creditor's Name PO Box 508 Malvern, PA 19355-0508 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9544 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$25.00
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4.3	Capital One Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238-1119 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3842 When was the debt incurred? 2013-01 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account	\$1,092.00
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Debtor 1 **Valdes, Guillermo**

Case number (if known)

4.4

Capital One

Nonpriority Creditor's Name

Last 4 digits of account number **8079****\$0.00**When was the debt incurred? **2014-01****15000 Capital One Dr
Richmond, VA 23238-1119**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.5

Comenitycb/lendingclub

Nonpriority Creditor's Name

Last 4 digits of account number **0662****\$0.00**When was the debt incurred? **2014-09****PO Box 182120
Columbus, OH 43218-2120**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.6

Dsnb Macys

Nonpriority Creditor's Name

Last 4 digits of account number **3678****\$0.00**When was the debt incurred? **2018-03****PO Box 8218
Mason, OH 45040-8218**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

Debtor 1 **Valdes, Guillermo**

Case number (if known)

4.7

Kohls/capone

Nonpriority Creditor's Name

Last 4 digits of account number **3670****\$0.00**When was the debt incurred? **2014-03****N56 W 17000 Ridgewood Dr
Menomonee Falls, WI 53051**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.8

Memorial Healthcare Systems

Nonpriority Creditor's Name

Last 4 digits of account number **7593****\$126.15**

When was the debt incurred?

PO Box 538522**Atlanta, GA 30353-8522**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

4.9

Memorial Hospital

Nonpriority Creditor's Name

Last 4 digits of account number

\$0.00

When was the debt incurred?

PO Box 2856**Raleigh, NC 27602-2856**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Debtor 1 **Valdes, Guillermo**

Case number (if know)

4.10

Memorial Physician Group

Nonpriority Creditor's Name

Last 4 digits of account number **0635****\$15.00**

When was the debt incurred?

PO Box 864691**Orlando, FL 32886**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

4.11

Pembroke Pines MRI Inc.

Nonpriority Creditor's Name

Last 4 digits of account number **3035****\$21.59**

When was the debt incurred?

PO Box 5206**Fort Lauderdale, FL 33310-5206**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

4.12

Sears/Cbna

Nonpriority Creditor's Name

Last 4 digits of account number **5270****\$2,214.00**

When was the debt incurred?

2012-12**PO Box 6282****Sioux Falls, SD 57117-6282**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

Debtor 1 **Valdes, Guillermo**

Case number (if known)

4.13	Sears/Cbna Nonpriority Creditor's Name PO Box 6189 Sioux Falls, SD 57117-6189 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0035</u> When was the debt incurred? <u>2014-04-13</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.14	South Florida Ent Assoc. Nonpriority Creditor's Name 14750 NW 77th Ct STE 200 Hialeah, FL 33016-1507 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1686</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____	\$10.00
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4.15	Synccb/brandsmart Nonpriority Creditor's Name PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4307</u> When was the debt incurred? <u>2014-11</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$1,055.00
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Debtor 1 **Valdes, Guillermo**

Case number (if known)

4.16	Synco/brandsmart Nonpriority Creditor's Name PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9020</u> When was the debt incurred? <u>2013-05-27</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.17	Synco/brandsmart Nonpriority Creditor's Name PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9331</u> When was the debt incurred? <u>2008-03-27</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.18	Synco/brandsmart Nonpriority Creditor's Name PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6412</u> When was the debt incurred? <u>1995-03</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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Debtor 1 **Valdes, Guillermo**

Case number (if know)

4.19	Syncb/Care Pep Boy Nonpriority Creditor's Name C/o PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1414</u> When was the debt incurred? <u>2015-10</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.20	Syncb/Carecare One Nonpriority Creditor's Name C/o PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0069</u> When was the debt incurred? <u>2004-02</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.21	Syncb/Care Credit Nonpriority Creditor's Name C/o PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1831</u> When was the debt incurred? <u>2006-07-26</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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Debtor 1 **Valdes, Guillermo**

Case number (if know)

4.22	Syncb/Care Credit Nonpriority Creditor's Name 950 Forrer Blvd Kettering, OH 45420-1469 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5649</u> When was the debt incurred? <u>2014-05</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.23	Syncb/City Furniture Nonpriority Creditor's Name C/o PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7482</u> When was the debt incurred? <u>2004-01-25</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.24	Syncb/jcp Nonpriority Creditor's Name PO Box 965007 Orlando, FL 32896-5007 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8257</u> When was the debt incurred? <u>2013-05</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$304.00
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Debtor 1 **Valdes, Guillermo**

Case number (if know)

4.25

Syncb/lowes

Nonpriority Creditor's Name

Last 4 digits of account number **4056****\$0.00**When was the debt incurred? **2018-03****PO Box 956005
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.26

Syncb/Rooms to Go

Nonpriority Creditor's Name

Last 4 digits of account number **7308****\$0.00**When was the debt incurred? **2013-08****C/o****PO Box 965036
Orlando, FL 32896-5036**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.27

Syncb/Walmart

Nonpriority Creditor's Name

Last 4 digits of account number **2880****\$690.00**When was the debt incurred? **2017-04****PO Box 965024
Orlando, FL 32896-5024**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

Debtor 1 **Valdes, Guillermo**

Case number (if know)

4.28

Td Bank N.A.

Nonpriority Creditor's Name

Last 4 digits of account number **1342****\$7,371.00****32 Chestnut St
Lewiston, ME 04240-7744**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2018-04**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Installment account**

4.29

Td Bank USA/Targetcred

Nonpriority Creditor's Name

Last 4 digits of account number **3841****\$0.00****PO Box 673
Minneapolis, MN 55440-0673**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2013-11**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.30

Thd/Cbna

Nonpriority Creditor's Name

Last 4 digits of account number **8167****\$200.00****PO Box 6497
Sioux Falls, SD 57117-6497**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2016-12**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

Debtor 1 **Valdes, Guillermo**

Case number (if know)

4.31

Wells Fargo

Nonpriority Creditor's Name

Last 4 digits of account number **7305****\$617.00****PO Box 14517****Des Moines, IA 50306-3517**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2014-06**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.32

Wells Fargo

Nonpriority Creditor's Name

Last 4 digits of account number **8205****\$0.00****PO Box 14517****Des Moines, IA 50306-3517**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2017-08-29**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.33

Wf Crd Svc

Nonpriority Creditor's Name

Last 4 digits of account number **6251****\$0.00****Des Moines, IA 50306**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2007-11-02**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

Debtor 1 **Valdes, Guillermo**

Case number (if know)

4.34

Wf Crd Svc

Nonpriority Creditor's Name

Last 4 digits of account number **8849****\$0.00****Des Moines, IA 50306**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2007-11-02**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.35

Wffnb/Mattress Firm

Nonpriority Creditor's Name

Last 4 digits of account number **3928****\$0.00****Des Moines, IA 50306**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2013-08-31**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

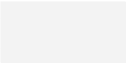
Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	0.00
		Total Claim	
Total claims from Part 2	6f. Student loans	6f. \$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	13,740.74

Debtor 1 **Valdes, Guillermo**

Case number (if know) _____



6j. **Total Nonpriority.** Add lines 6f through 6i.

6j.

\$	13,740.74
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Exhibit 5.1

Fill in this information to identify your case:

Debtor 1	Lillian Rosario Stewart		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)	9:17-bk-12567		

☐ Check if this is an amended filing
Official Form 106C**Schedule C: The Property You Claim as Exempt****4/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
household goods and furnishings Line from <i>Schedule A/B</i> : 6.1	\$800.00	<input checked="" type="checkbox"/> \$800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)
TD bank 7949 Line from <i>Schedule A/B</i> : 17.1	\$713.09	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Exhibit 5.2

Fill in this information to identify your case:

Debtor 1	Lillian Rosario Stewart		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)	9:17-bk-12567		

☐ Check if this is an amended filing
Official Form 106D**Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Atlantis III by the Sea Creditor's Name c/o Centerstate Bank PO Box 669098 Miami, FL 33166-9427 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 10200 S Ocean Dr # 201, Jensen Beach, FL 34957-2564 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$54,000.00	\$283,000.00
			\$5,384.17

Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number _____

2.2 Discover Bank Creditor's Name PO Box 30395 Salt Lake City, UT 84130-0395 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 10200 S Ocean Dr # 201, Jensen Beach, FL 34957-2564 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$29,929.00	\$283,000.00	\$29,929.00
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Who owes the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred _____ Last 4 digits of account number **1392**

Debtor 1 **Lillian Rosario Stewart**

First Name

Middle Name

Last Name

Case number (if know)

9:17-bk-12567**2.3 Wells Fargo Hm Mortgag**

Creditor's Name

**PO Box 10335
Des Moines, IA
50306-0335**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**10200 S Ocean Dr # 201, Jensen
Beach, FL 34957-2564****\$234,384.17****\$283,000.00****\$0.00**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☐ Other (including a right to offset) _____

Who owes the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred **07/06/2010**Last 4 digits of account number **6976**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$318,313.17

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$318,313.17**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name, Number, Street, City, State & Zip Code

BROWARD COUNTY CIRCUIT COURTOn which line in Part 1 did you enter the creditor? **2.2**Last 4 digits of account number **1392**☐

Name, Number, Street, City, State & Zip Code

**Wells Fargo Home Mtg
Written Correspondence Resolutions MAC#X
PO Box 10335
Des Moines, IA 50306-0335**On which line in Part 1 did you enter the creditor? **2.3**Last 4 digits of account number **6976**

Exhibit 5.3

Fill in this information to identify your case:

Debtor 1	Lillian Rosario Stewart		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)	9:17-bk-12567		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$0.00	\$0.00

Debtor 1 **Stewart, Lillian Rosario**Case number (if know) **9:17-bk-12567**

2.2

Special Asst. U.S. Attorney

Priority Creditor's Name

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred?

1000 S. Pine Island Road #300**Fort Lauderdale, FL 333240000**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.3

U.S. Attorney General

Priority Creditor's Name

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred?

950 Pennsylvania Ave NW**Washington, DC 20530-0009**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.4

United States Attorney

Priority Creditor's Name

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred?

99 NE 4th St**Miami, FL 33132-2131**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.

Debtor 1 **Stewart, Lillian Rosario**Case number (if known) **9:17-bk-12567**

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Capital One Bank USA N Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238-1119 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2806 When was the debt incurred? 06/01/2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$2,655.00

4.2	Ccs/First National Ban Nonpriority Creditor's Name 500 E 60th St N Sioux Falls, SD 57104-0478 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5467 When was the debt incurred? 04/01/2015 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$599.00
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4.3	Fenix Airways of Florida Inc Nonpriority Creditor's Name 7925 NW 12th St # 410 Doral, FL 33126-1822 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number CA22 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$64,999.00
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Debtor 1 **Stewart, Lillian Rosario**

Case number (if know)

9:17-bk-12567

4.4

First National Credit Card

Nonpriority Creditor's Name

Last 4 digits of account number **5467****\$75.00**

When was the debt incurred?

PO Box 2496**Omaha, NE 68103-2496**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

4.5

First Premier Bank

Nonpriority Creditor's Name

Last 4 digits of account number **8747****\$913.00**When was the debt incurred? **01/01/2015****601 S Minnesota Ave****Sioux Falls, SD 57104-4824**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

4.6

Merrick Bank

Nonpriority Creditor's Name

Last 4 digits of account number **7057****\$88.00**When was the debt incurred? **02/01/2016****PO Box 9201****Old Bethpage, NY 11804-9001**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Debtor 1 **Stewart, Lillian Rosario**

Case number (if know)

9:17-bk-12567

4.7

Midland Credit Management

Nonpriority Creditor's Name

Last 4 digits of account number

\$0.00

When was the debt incurred?

**8875 Aero Dr Ste 200
San Diego, CA 92123-2255**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

4.8

Navient

Nonpriority Creditor's Name

Last 4 digits of account number

4451**\$44,742.00**

When was the debt incurred?

10/01/2008**PO Box 9655****Wilkes Barre, PA 18773-9655**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

4.9

PCPHWD/Sheridan Office

Nonpriority Creditor's Name

Last 4 digits of account number

3600**\$185.00**

When was the debt incurred?

2488 N University Dr**Pembroke Pines, FL 33024-3624**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Stewart, Lillian Rosario**Case number (if known) **9:17-bk-12567**

Name and Address

**Capital One
PO Box 30285
Salt Lake City, UT 84130-0285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

2806

Name and Address

DADE COUNTY CIRCUIT COURT

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

CA22

Name and Address

**First National Credit Card/Legacy
First National Credit Card
PO Box 5097
Sioux Falls, SD 57117-5097**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

5467

Name and Address

**Merrick Bank/Geico Card
PO Box 23356
Pittsburgh, PA 15222-6356**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

7057

Name and Address

**Navient
Attn: Claims Dept
PO Box 9500
Wilkes Barre, PA 18773-9500**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4451**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>0.00</u>
Total claims from Part 2	6f. Student loans	6f.	\$ <u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <u>114,256.00</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j.	\$ <u>114,256.00</u>

Exhibit 6.1

Fill in this information to identify your case:

Debtor 1	Donna M. Henry		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, MIAMI DIVISION		
Case number (if known)	1:17-bk-13272		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
2012 Mazda 3 VIN: JM1BL1L72C1607417 PIF Line from <i>Schedule A/B</i> : 3.2	\$8,800.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. § 222.25(1)
2012 Mazda 3 VIN: JM1BL1L72C1607417 PIF Line from <i>Schedule A/B</i> : 3.2	\$8,800.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)
cash on hand Line from <i>Schedule A/B</i> : 16.1	\$50.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art X, § 4(a)(2)
401K through employer Milliman Line from <i>Schedule A/B</i> : 21.1	\$145,852.86	<input checked="" type="checkbox"/> \$145,852.86 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. § 222.21(1)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Exhibit 7.1

Fill in this information to identify your case:			
Debtor 1	Alexandra Ocampo		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)	18-21064		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

Exhibit 7.2

Fill in this information to identify your case:

Debtor 1	Alexandra Ocampo		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)	18-21064		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service Priority Creditor's Name			
	PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code			
	Who incurred the debt? Check one.			
	<input checked="" type="checkbox"/> Debtor 1 only			
	<input type="checkbox"/> Debtor 2 only			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only			
	<input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No			
	<input type="checkbox"/> Yes			
	Last 4 digits of account number	\$801.00	\$801.00	\$0.00
	When was the debt incurred?			
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Disputed			
	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Domestic support obligations			
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input type="checkbox"/> Other. Specify _____			

Debtor 1 **Ocampo, Alexandra**Case number (if known) **18-21064**

2.2

Special Asst. U.S. Attorney

Priority Creditor's Name

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred? _____

**1000 S. Pine Island Road #300
Fort Lauderdale, FL 333240000**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify _____

2.3

U.S. Attorney General

Priority Creditor's Name

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred? _____

**950 Pennsylvania Ave NW
Washington, DC 20530-0009**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify _____

2.4

United States Attorney

Priority Creditor's Name

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred? _____

**99 NE 4th St
Miami, FL 33132-2131**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify _____**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.

Debtor 1 **Ocampo, Alexandra**Case number (if known) **18-21064**

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	Cap One Nonpriority Creditor's Name PO Box 5253 Carol Stream, IL 60197-5253 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 8106 When was the debt incurred? 2005-06 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account	\$0.00

4.2	Certified Collection Bureau Nonpriority Creditor's Name PO Box 1750 Whitehouse Station, NJ 08889-1750 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$50.00
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4.3	Convergent Outsourcing Nonpriority Creditor's Name 800 SW 39th St Renton, WA 98057-4975 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1340 When was the debt incurred? 2015-08 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Open account	\$136.00
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Debtor 1 **Ocampo, Alexandra**Case number (if known) **18-21064**

4.4

Credit One Bank NA

Nonpriority Creditor's Name

Last 4 digits of account number **8065****\$0.00****PO Box 98872****Las Vegas, NV 89193-8872**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2013-09-27**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.5

Credit One Bank NA

Nonpriority Creditor's Name

Last 4 digits of account number **1665****\$0.00****PO Box 98872****Las Vegas, NV 89193-8872**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2013-09-27**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.6

Exquisite Hm

Nonpriority Creditor's Name

Last 4 digits of account number **1192****unknown****622 Bloomfield Ave****Bloomfield, NJ 07003-2521**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2013-03-28**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Installment account**

Debtor 1 **Ocampo, Alexandra**Case number (if know) **18-21064**

4.7

Exquisite Home Products

Nonpriority Creditor's Name

Last 4 digits of account number

\$190.00**622 Bloomfield Ave
Bloomfield, NJ 07003-2521**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

4.8

Lvnv Funding LLC

Nonpriority Creditor's Name

Last 4 digits of account number

8065**\$0.00****PO Box 1269
Greenville, SC 29602-1269**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

2015-03-11

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Open account**

4.9

Mandeeds

Nonpriority Creditor's Name

Last 4 digits of account number

5090**\$0.00****401 Hackensack Ave
Hackensack, NJ 07601-6411**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

When was the debt incurred?

1996-05-15

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

Debtor 1 **Ocampo, Alexandra**Case number (if known) **18-21064**

4.10	Memorial Hospital Nonpriority Creditor's Name PO Box 2856 Raleigh, NC 27602-2856 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8239</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	\$350.00
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4.11	North Jersey Fcu Nonpriority Creditor's Name 711 Union Blvd Totowa, NJ 07512-2207 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0104</u> When was the debt incurred? <u>2007-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$0.00
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4.12	Online Collections Nonpriority Creditor's Name PO Box 1489 Winterville, NC 28590-1489 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9785</u> When was the debt incurred? <u>2012-06</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>	\$429.00
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Debtor 1 **Ocampo, Alexandra**Case number (if know) **18-21064**

<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">4.13</div> Portfolio Recov Assoc Nonpriority Creditor's Name 120 Corporate Blvd Ste 100 Norfolk, VA 23502-4952 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1603</u> \$3,540.00 When was the debt incurred? <u>2017-06</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>
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<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">4.14</div> Profburcol Nonpriority Creditor's Name 5295 Dtc Pkwy Greenwood Village, CO 80111-2752 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7005</u> \$132.00 When was the debt incurred? <u>2017-05-03</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>
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<div style="border: 1px solid black; padding: 2px; width: 30px; float: left; margin-right: 5px;">4.15</div> Syncb/lenscrafters Nonpriority Creditor's Name C/o PO Box 965036 Orlando, FL 32896-5036 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1990</u> \$0.00 When was the debt incurred? <u>2012-01-06</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>
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Debtor 1 **Ocampo, Alexandra**Case number (if known) **18-21064**

<div style="border: 1px solid black; padding: 2px; width: fit-content;">4.16</div> union surgery center Nonpriority Creditor's Name 1000 Galloping Hill Rd Union, NJ 07083-7989 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$16,000.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address Andril and Espinosa 534 Westfield Ave Elizabeth, NJ 07208-1623	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.16 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
---	--

Last 4 digits of account number _____

Name and Address Overlook hospital 3533 99 Beauvoir Ave Summit, NJ 07901	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
--	---

Last 4 digits of account number _____

Name and Address Pressler and Pressler LLP 7 Entin Rd Parsippany, NJ 07054-5020	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.16 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
---	--

Last 4 digits of account number _____

Name and Address Sage Law Offices 1300 Sawgrass Corporate Pkwy # 140 Sunrise, FL 33323-2826	On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.10 of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
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Last 4 digits of account number **8239****Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <u>801.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e.	\$ <u>801.00</u>
		Total Claim	
Total claims	6f. Student loans	6f.	\$ <u>0.00</u>

Debtor 1 **Ocampo, Alexandra**Case number (if know) **18-21064**

from Part 2

- 6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**
- 6h. **Debts to pension or profit-sharing plans, and other similar debts**
- 6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.
- 6j. **Total Nonpriority.** Add lines 6f through 6i.

6g.	\$	0.00
6h.	\$	0.00
6i.	\$	20,827.00
6j.	\$	20,827.00

Exhibit 9.1

Fill in this information to identify your case:

Debtor 1	Richard Carmenaty		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service Priority Creditor's Name			
PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only			
<input type="checkbox"/> Debtor 2 only			
<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
Last 4 digits of account number	\$0.00	\$0.00	\$0.00
When was the debt incurred?			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent			
<input type="checkbox"/> Unliquidated			
<input type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim:			
<input type="checkbox"/> Domestic support obligations			
<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
<input type="checkbox"/> Other. Specify			

Debtor 1 **Carmenaty, Richard**

Case number (if known)

2.2

Special Asst. U.S. Attorney

Priority Creditor's Name

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

**1000 S. Pine Island Road #300
Fort Lauderdale, FL 333240000**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.3

U.S. Attorney General

Priority Creditor's Name

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

**950 Pennsylvania Ave NW
Washington, DC 20530-0009**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.4

United States Attorney

Priority Creditor's Name

Last 4 digits of account number

\$0.00

\$0.00

\$0.00

**99 NE 4th St
Miami, FL 33132-2131**

Number Street City State Zip Code

When was the debt incurred?

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.

Debtor 1 **Carmenaty, Richard**

Case number (if known)

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Ars Account Resolution Nonpriority Creditor's Name 1643 NW 136th Ave Bldg H City of Sunrise, FL 33323-2857 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2475</u> When was the debt incurred? <u>2015-02</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>	\$255.00

4.2	Capital One Nonpriority Creditor's Name PO Box 30253 Salt Lake City, UT 84130-0253 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4930</u> When was the debt incurred? <u>2010-11-06</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00
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4.3	Capital One Auto Finan Nonpriority Creditor's Name 7933 Preston Rd Plano, TX 75024-2302 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1001</u> When was the debt incurred? <u>2015-04</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account - REPO</u>	\$14,487.00
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Debtor 1 **Carmenaty, Richard**

Case number (if known)

4.4

Chrysler Capital

Nonpriority Creditor's Name

Last 4 digits of account number **1000****\$19,615.00**When was the debt incurred? **2013-07****PO Box 961275****Fort Worth, TX 76161-0275**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Installment account repo**

4.5

Convergent Outsourcing, Inc

Nonpriority Creditor's Name

Last 4 digits of account number **9206****\$400.00**

When was the debt incurred?

PO Box 9004**Renton, WA 98057-9004**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

4.6

Dept of Ed/Navient

Nonpriority Creditor's Name

Last 4 digits of account number **1211****\$55,226.00**When was the debt incurred? **2015-12****PO Box 9635****Wilkes Barre, PA 18773-9635**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Installment account**

Debtor 1 **Carmenaty, Richard**

Case number (if known)

4.7

Dept of Ed/Navient

Nonpriority Creditor's Name

Last 4 digits of account number **0502****\$0.00**When was the debt incurred? **2008-05****PO Box 9635****Wilkes Barre, PA 18773-9635**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Installment account**

4.8

Dept of Ed/Navient

Nonpriority Creditor's Name

Last 4 digits of account number **0502****\$0.00**When was the debt incurred? **2008-05****PO Box 9635****Wilkes Barre, PA 18773-9635**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Installment account**

4.9

Dept of Ed/Navient

Nonpriority Creditor's Name

Last 4 digits of account number **0708****\$0.00**When was the debt incurred? **2008-07****PO Box 9635****Wilkes Barre, PA 18773-9635**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Installment account**

Debtor 1 **Carmenaty, Richard**

Case number (if known)

4.10	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0217</u> When was the debt incurred? <u>2009-02</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$0.00
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4.11	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0217</u> When was the debt incurred? <u>2009-02</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$0.00
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4.12	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0822</u> When was the debt incurred? <u>2011-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$0.00
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Debtor 1 **Carmenaty, Richard**

Case number (if known)

<div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 5px;">4.13</div> Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0822</u> \$0.00 When was the debt incurred? <u>2011-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>
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<div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 5px;">4.14</div> Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0423</u> \$0.00 When was the debt incurred? <u>2012-04</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>
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<div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 5px;">4.15</div> Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0331</u> \$0.00 When was the debt incurred? <u>2014-03</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>
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Debtor 1 **Carmenaty, Richard**

Case number (if known)

<div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 5px;">4.16</div> Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0331</u> \$0.00 When was the debt incurred? <u>2014-03</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>
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<div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 5px;">4.17</div> Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773-9635 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0423</u> \$0.00 When was the debt incurred? <u>2012-04</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>
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<div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 5px;">4.18</div> Diversified Consultant Nonpriority Creditor's Name PO Box 551268 Jacksonville, FL 32255-1268 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6048</u> \$4,866.00 When was the debt incurred? <u>2019-01</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>
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Debtor 1 **Carmenaty, Richard**

Case number (if known)

4.19	Enhanced Recovery Co L Nonpriority Creditor's Name 8014 Bayberry Rd Jacksonville, FL 32256-7412 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1874</u> When was the debt incurred? <u>2018-05</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>	\$11,992.00
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4.20	Macys/dsnb Nonpriority Creditor's Name PO Box 8218 Mason, OH 45040-8218 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7382</u> When was the debt incurred? <u>2012-02</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$1,958.00
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4.21	Merrick Bank Corp Nonpriority Creditor's Name PO Box 9201 Old Bethpage, NY 11804-9001 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1654</u> When was the debt incurred? <u>2015-07</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$1,628.00
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Debtor 1 **Carmenaty, Richard**

Case number (if known)

4.22

Navient

Nonpriority Creditor's Name

Last 4 digits of account number **1018****\$0.00**When was the debt incurred? **2002-10****PO Box 9500****Wilkes Barre, PA 18773-9500**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Installment account**

4.23

Nissan Infnit

Nonpriority Creditor's Name

Last 4 digits of account number

unknown

When was the debt incurred?

PO Box 660366**Dallas, TX 75266-0366**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **REPO**

4.24

Plain Green LLC

Nonpriority Creditor's Name

c/o Bryant Hondge Associates LLC**373 S Willow St # 121****Manchester, NH 03103-5751**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$1,600.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify

Debtor 1 **Carmenaty, Richard**

Case number (if known)

4.25	Portfolio Recov Assoc Nonpriority Creditor's Name 120 Corporate Blvd Ste 100 Norfolk, VA 23502-4952 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>2609</u> When was the debt incurred? <u>2017-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>	\$2,092.00
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4.26	Portfolio Recov Assoc Nonpriority Creditor's Name 120 Corporate Blvd Ste 100 Norfolk, VA 23502-4952 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3932</u> When was the debt incurred? <u>2017-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>	\$1,643.00
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4.27	Space Coast Credit Uni Nonpriority Creditor's Name 8045 N Wickham Rd Melbourne, FL 32940-7920 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0290</u> When was the debt incurred? <u>2013-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Open account</u>	\$1,024.00
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Debtor 1 **Carmenaty, Richard**

Case number (if known)

4.28

Synco/amazon

Nonpriority Creditor's Name

Last 4 digits of account number **8598****\$1,111.00**When was the debt incurred? **2015-04****PO Box 965015
Orlando, FL 32896-5015**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.29

VW Credit

Nonpriority Creditor's Name

Last 4 digits of account number

\$11,372.00

When was the debt incurred?

**2333 Waukegan Rd
Deerfield, IL 60015-5508**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **REPO****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

AT&T Mobility**PO Box 536219****Atlanta, GA 30353-6219**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.19** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

1874**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims
from Part 1

6a. Domestic support obligations

6a. \$ **0.00**

6b. Taxes and certain other debts you owe the government

6b. \$ **0.00**

6c. Claims for death or personal injury while you were intoxicated

6c. \$ **0.00**

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. \$ **0.00**

6e. Total Priority. Add lines 6a through 6d.

6e. \$ **0.00**

Total Claim

Debtor 1 **Carmenaty, Richard**

Case number (if known)

**Total claims
from Part 2**

6f. **Student loans**

6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**

6h. **Debts to pension or profit-sharing plans, and other similar debts**

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6j. **Total Nonpriority.** Add lines 6f through 6i.

6f. \$ **0.00**

6g. \$ **0.00**

6h. \$ **0.00**

6i. \$ **129,269.00**

6j. \$ **129,269.00**

Exhibit 10.1

Fill in this information to identify your case:

Debtor 1	Jason A Hammond		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)	18-18307		

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
1132 NW 130TH AVE Pembroke Pines FL, 33028-2732 Line from <i>Schedule A/B</i> 1.1	\$535,971.00	<input checked="" type="checkbox"/> \$1.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. Art. X, §4(a)(1); Fla. Stat. §§ 222.01, 222.02

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Exhibit 10.2

Fill in this information to identify your case:

Debtor 1	Jason A Hammond		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)	18-18307		

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Bk of Amer Creditor's Name 4909 Savarese Cir Tampa, FL 33634 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 1132 NW 130TH AVE, Pembroke Pines, FL 33028-2732 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$535,971.36	\$535,971.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Date debt was incurred 2007-08 Last 4 digits of account number 6934		\$0.36

2.2 Capital One Auto Finan Creditor's Name 3901 Dallas Pkwy Plano, TX 75093 Number, Street, City, State & Zip Code	Describe the property that secures the claim: 2014 Infinity QX60 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$34,187.00	\$0.00	\$34,187.00
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	Date debt was incurred 2017-12 Last 4 digits of account number 1001			

Debtor 1 **Jason A Hammond**

First Name

Middle Name

Last Name

Case number (if know)

18-18307

Add the dollar value of your entries in Column A on this page. Write that number here:

\$570,158.36

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$570,158.36**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name, Number, Street, City, State & Zip Code

Cabanas Law Firm**18503 Pines Blvd # 301****Pembroke Pines, FL 33029**On which line in Part 1 did you enter the creditor? **2.1**Last 4 digits of account number **6934**☐

Name, Number, Street, City, State & Zip Code

Eisnger Brown Lewis Frankel and Chalet**4000 Hollywood Blvd # 265S****Hollywood, FL 33021**On which line in Part 1 did you enter the creditor? **2.1**Last 4 digits of account number **6934**☐

Name, Number, Street, City, State & Zip Code

Gilbert Garcia Law Group**2005 Pan Am Cir # 110****Tampa, FL 33607-2380**On which line in Part 1 did you enter the creditor? **2.1**Last 4 digits of account number **6934**

Exhibit 10.3

Fill in this information to identify your case:

Debtor 1	Jason A Hammond		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)	18-18307		

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service Priority Creditor's Name PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$0.00	\$0.00

Debtor 1 **Hammond, Jason A**Case number (if known) **18-18307**

2.2

Special Asst. U.S. Attorney

Priority Creditor's Name

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred?

1000 S. Pine Island Road #300**Fort Lauderdale, FL 333240000**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.3

U.S. Attorney General

Priority Creditor's Name

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred?

950 Pennsylvania Ave NW**Washington, DC 20530-0009**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify

2.4

United States Attorney

Priority Creditor's Name

Last 4 digits of account number **\$0.00** **\$0.00** **\$0.00**

When was the debt incurred?

99 NE 4th St**Miami, FL 33132-2131**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations☒ Taxes and certain other debts you owe the government☐ Claims for death or personal injury while you were intoxicated☐ Other. Specify**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.☒ Yes.

Debtor 1 **Hammond, Jason A**Case number (if known) **18-18307**

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	Cbna Nonpriority Creditor's Name PO Box 6497 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4192</u> When was the debt incurred? <u>2005-05</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$0.00

4.2	Credit One Bank NA Nonpriority Creditor's Name PO Box 98875 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5213</u> When was the debt incurred? <u>2016-09</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$1,070.00
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4.3	Credit One Bank NA Nonpriority Creditor's Name PO Box 98875 Las Vegas, NV 89193 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6517</u> When was the debt incurred? <u>2017-09</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>	\$909.00
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Debtor 1 **Hammond, Jason A**Case number (if know) **18-18307**

4.4

Dade County Fcu

Nonpriority Creditor's Name

Last 4 digits of account number **0002****\$0.00****1500 NW 107th Ave
Doral, FL 33172**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2016-01**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Installment account**

4.5

Dade County Fcu

Nonpriority Creditor's Name

Last 4 digits of account number **0100****\$0.00****1500 NW 107th Ave
Doral, FL 33172**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2013-03**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Installment account**

4.6

Dade County Fcu

Nonpriority Creditor's Name

Last 4 digits of account number **0103****\$0.00****1500 NW 107th Ave
Doral, FL 33172**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **2005-10**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Installment account**

Debtor 1 **Hammond, Jason A**Case number (if known) **18-18307**

4.7	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0813</u> When was the debt incurred? <u>2012-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$14,551.00
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4.8	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1228</u> When was the debt incurred? <u>2012-12</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$14,195.00
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4.9	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0506</u> When was the debt incurred? <u>2013-05</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$13,897.00
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Debtor 1 **Hammond, Jason A**Case number (if know) **18-18307**

4.10	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1230</u> When was the debt incurred? <u>2010-12</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$9,489.00
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4.11	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0509</u> When was the debt incurred? <u>2011-05</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$9,160.00
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4.12	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0816</u> When was the debt incurred? <u>2011-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$9,025.00
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Debtor 1 **Hammond, Jason A**Case number (if known) **18-18307**

4.13	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1227</u> When was the debt incurred? <u>2011-12</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$8,833.00
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4.14	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0430</u> When was the debt incurred? <u>2012-04</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$8,719.00
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4.15	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1227</u> When was the debt incurred? <u>2011-12</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>	\$5,563.00
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Debtor 1 **Hammond, Jason A**Case number (if known) **18-18307**

4.16	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0430 When was the debt incurred? 2012-04 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Installment account	\$5,563.00
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4.17	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0816 When was the debt incurred? 2011-08 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Installment account	\$5,497.00
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4.18	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1230 When was the debt incurred? 2010-12 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Installment account	\$5,485.00
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Debtor 1 **Hammond, Jason A**Case number (if know) **18-18307**

4.19	Dept of Ed/Navient Nonpriority Creditor's Name PO Box 9635 Wilkes Barre, PA 18773 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0509 When was the debt incurred? 2011-05 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Installment account	\$5,485.00
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4.20	Merrick Bank Corp Nonpriority Creditor's Name PO Box 9201 Old Bethpage, NY 11804 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5601 When was the debt incurred? 2017-09 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving account	\$1,534.00
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4.21	Nelnet Loans Nonpriority Creditor's Name 3015 S Parker Rd Aurora, CO 80014 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9824 When was the debt incurred? 2004-07 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Installment account	\$2,303.00
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Debtor 1 **Hammond, Jason A**Case number (if known) **18-18307**

4.22	Nelnet Loans Nonpriority Creditor's Name 3015 S Parker Rd Aurora, CO 80014 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9924</u> \$631.00 When was the debt incurred? <u>2004-07</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Installment account</u>
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4.23	Sergio Cabanas, Esq. Nonpriority Creditor's Name 18503 Pines Blvd Pembroke Pines, FL 33029-1404 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ unknown When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
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4.24	Syncb/City Furniture Nonpriority Creditor's Name C/o PO Box 965036 Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8020</u> \$3,884.00 When was the debt incurred? <u>2017-08</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving account</u>
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Debtor 1 **Hammond, Jason A**

Case number (if known)

18-18307

4.25

Syncb/Walmart DC

Nonpriority Creditor's Name

Last 4 digits of account number **7040****\$2,678.00**When was the debt incurred? **2017-08****PO Box 965024
Orlando, FL 32896**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account**

4.26

Tbom-santander Consume

Nonpriority Creditor's Name

Last 4 digits of account number **2282****\$0.00**When was the debt incurred? **2014-04-06****PO Box 961245
Fort Worth, TX 76161**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Revolving account****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	0.00
	6b. Taxes and certain other debts you owe the government	6b. \$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	0.00
		Total Claim	
Total claims from Part 2	6f. Student loans	6f. \$	0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	0.00

Debtor 1 **Hammond, Jason A**Case number (if know) **18-18307**

6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6i. \$ **128,471.00**

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **128,471.00**

Exhibit 10.4

Fill in this information to identify your case:

Debtor 1	Jason A Hammond		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)	18-18307		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Name Number Street City State ZIP Code	
2.2	Name Number Street City State ZIP Code	
2.3	Name Number Street City State ZIP Code	
2.4	Name Number Street City State ZIP Code	
2.5	Name Number Street City State ZIP Code	

Exhibit 10.5

Fill in this information to identify your case:

Debtor 1	Jason A Hammond		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION		
Case number (if known)	18-18307		

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name

Number	Street	State	ZIP Code
City			

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

3.2

Name

Number	Street	State	ZIP Code
City			

- ☐ Schedule D, line _____
☐ Schedule E/F, line _____
☐ Schedule G, line _____

Exhibit 10.6

Fill in this information to identify your case:

Debtor 1 Jason A HammondDebtor 2
(Spouse, if filing)United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA, FORT
LAUDERDALE DIVISIONCase number 18-18307
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
- ☐ Not employed

Occupation

police officer

Employer's name

Miami Dade County

Employer's address

111 NW 1st St
Miami, FL 33128-1902

Debtor 2 or non-filing spouse

☒ Employed☐ Not employed

Guidance Counselor

MDCPS155 NE 15th St # P104e
Miami, FL 33132-1316

How long employed there?

18 years20 years**Part 2:** Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>11,264.50</u>	\$ <u>5,376.60</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>11,264.50</u>	\$ <u>5,376.60</u>

Debtor 1 **Hammond, Jason A**Case number (if known) **18-18307**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 11,264.50	\$ 5,376.60
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 2,575.11	\$ 865.03
5b. Mandatory contributions for retirement plans	5b. \$ 255.19	\$ 153.71
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 50.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 838.97	\$ 0.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 77.00	\$ 119.10
5h. Other deductions. Specify: <u>life Ins</u>	5h.+ \$ 7.86	\$ 203.32
<u>charitable cont</u>	\$ 50.69	\$ 0.00
<u>ltd</u>	\$ 17.20	\$ 0.00
<u>STD</u>	\$ 0.00	\$ 11.20
<u>hospitalization</u>	\$ 0.00	\$ 5.96
<u>id theft ins</u>	\$ 0.00	\$ 16.74
<u>401K loan</u>	\$ 0.00	\$ 81.72
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 3,822.02	\$ 1,506.78
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 7,442.48	\$ 3,869.82
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: <u>tax refund</u>	8h.+ \$ 369.08	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 369.08	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 7,811.56	\$ 3,869.82
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 11,681.38	
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Exhibit 10.7

Fill in this information to identify your case:

Debtor 1 Jason A Hammond

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF FLORIDA, FORT LAUDERDALE DIVISION

Case number 18-18307
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes.

Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

18

☐ No☒ Yes

son

16

☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 200.00

4d. Homeowner's association or condominium dues

4d. \$ 200.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Hammond, Jason A**Case number (if known) **18-18307**

6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>289.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>100.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>470.00</u>
6d. Other. Specify: <u>gas</u>	6d. \$ <u>60.00</u>
7. Food and housekeeping supplies	7. \$ <u>1,000.00</u>
8. Childcare and children's education costs	8. \$ <u>200.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>100.00</u>
10. Personal care products and services	10. \$ <u>300.00</u>
11. Medical and dental expenses	11. \$ <u>60.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>500.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>200.00</u>
14. Charitable contributions and religious donations	14. \$ <u>200.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>0.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>338.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: <u>timeshare</u>	17c. \$ <u>125.00</u>
17d. Other. Specify: <u>spouse student loans</u>	17d. \$ <u>80.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: <u>help to elderly parents</u>	19. \$ <u>250.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: <u>bank fees</u>	21. +\$ <u>30.00</u>
NFS CC	+\$ <u>400.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>5,102.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>5,102.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ <u>11,681.38</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>5,102.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>6,579.38</u>

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here: _____

Exhibit 11



NOTICE OF UNSWORN AND UNVERIFIED DOCUMENTS AND OF SUSPENSION OF ATTORNEY MAITE DIAZ

Notice is hereby given that an Order was entered on June 25, 2019, in the case of *In re Aldo Pina*, Case No. 18-15928-JKO, which found that **Attorney Maite Diaz** has engaged in a consistent practice of filing Schedules and Statements of Financial Affairs which were neither seen nor signed by the respective Debtors in that case and in more than 100 other cases filed by Attorney Maite Diaz, all in violation of applicable statutes and rules. That practice may have occurred in this case.

Attorney Maite Diaz has been suspended from practice before this Court for a period of **two years** commencing **August 1, 2019**. Attorney Maite Diaz has been referred to the United States District Court and to The Florida Bar with a recommendation that she be **DISBARRED**. Attorney Maite Diaz has been referred to the Office of the United States Trustee and to the United States Attorney for such further investigation as those agencies see fit.

Parties in interest may wish to consult counsel to advise them of the implications, if any, of the findings of the Court in the case of *In re Aldo Pina* and of the applicability of those findings to this case.